

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37800

1. Entity Name

PONCE ROAD ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4851 S.W. 74 TERRACE
MIAMI FL 33143

4851 S.W. 74 TERRACE
MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0210684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SACHER, CHARLES P ESQ.
WALTON LANTAFF SCHROEDER & CARSON
2655 LEJEUNE ROAD, SUITE 1101
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FIORAVANTE, EUGENE L
STREET ADDRESS 4851 S.W. 74 TERRACE
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE TD
NAME LONGO, MARIA D
STREET ADDRESS 4871 S.W. 74 TERRACE
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE VD
NAME GONZALEZ, ROBERT R
STREET ADDRESS 4891 S.W. 74 TERRACE
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE SD
NAME PEFKAROS, KYRIACOS
STREET ADDRESS 4801 S.W. 74 TERRACE
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90047 043 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)