

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90090 007 ****61.25

DOCUMENT # N41148

1. Entity Name

ESTATE HOMES AT MONTEREY LAKES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9780 SW 216 ST
 MIAMI FL 33190

9780 SW 216 ST
 MIAMI FL 33190-1189

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

65-0243859

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAIGER, ROBERT
11440 N. KENDALL DR
PH 400
MIAMI FL 33176

7000 SW 97 AVENUE
SUITE 209
MIAMI, FL 33173

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] *3-10-2000*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, ALEX	
STREET ADDRESS	9780 SW 216 ST	
CITY-ST-ZIP	MIAMI FL 33190	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CRUZ, DEANNA	
STREET ADDRESS	9780 SW 216 ST	
CITY-ST-ZIP	MIAMI FL 33190	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MOLODOWITZ, JOSEPH	
STREET ADDRESS	9780 SW 216 ST	
CITY-ST-ZIP	MIAMI FL 33190	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rebuck, Joseph C.	
STREET ADDRESS	9780 SW 216 Street	
CITY-ST-ZIP	Miami, Fla 33190	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cruz, Deanna	
STREET ADDRESS	9780 SW 216 Street	
CITY-ST-ZIP	Miami, Fla 33190	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Irizarry, Russell	
STREET ADDRESS	9780 SW 216 Street	
CITY-ST-ZIP	Miami, Fla 33190	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] *Joseph C. Rebuck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 559-1951

CR2E037 (9/99)