

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000002986**

1. Entity Name

SUNKIST ESTATES HOMEOWNERS ASSOCIATION, INC.**FILED****Jul 11, 2000 8:00 am**
Secretary of State

07-11-2000 90001 036 ****61.25

Principal Place of Business

Mailing Address

7730 SW 68 TR
MIAMI FL 33143
US**7730 SW 68 TR**
MIAMI FL 33143-2709
US

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

65-0427975

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

BALLESTAS, ACHILLES
7730 SW 68 TR
MIAMI FL 33143

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 \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	BALLESTAS, ACHILLES	7730 SE 68 TR	MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	ASHKAR, TERRY	6500 SW 79 CT	MIAMI FL 33143	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MARTIN, SID	6520 SW 79 CT	MIAMI FL 33143	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	NAVARRO, JOSE A	7731 SW 68 TERR	MIAMI FL 33143	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	TURCI, FRANCO	6070 SW 79 CT	MIAMI FL 33143	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	JORGE, BENITA	2212 SW 22ND AVE	MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)