

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0016114

04-08-2002 90215 040 ****61.25

DOCUMENT # N94000000912

1. Entity Name

ROYAL OAKS OFFICE PARK OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1498 W 84 ST
 HIALEAH FL 33014

1498 W 84 ST
 HIALEAH FL 33014

2. Principal Place of Business
 8431 Dundee Terrace

3. Mailing Address
 P.O. Box 22763

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Miami Lakes, FL 33016
 Zip 33016 Country USA

City & State
 Hialeah, FL 33002
 Zip 33002 Country USA

4. FEI Number
 65-0499043

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

LOVELL, R O
 1498 W 84 ST
 HIALEAH FL 33014

Name
~~Year-Round-Management-Company~~
 Street Address (P.O. Box Number is Not Acceptable)
 8431 Dundee Terrace
 City Miami Lakes, FL FL 33016

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 *Mirta Carvajal* Mirta Carvajal President Year Round Management 03/18/02
 (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 NAME STREET ADDRESS CITY-ST-ZIP	PDT LOVELL, R O 1498 W 84 ST HIALEAH FL 33014	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASDT LUPO, NORA A 1498 W 84TH ST HIALEAH FL 33014	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTV LOVELL, ROSE A. 1498 WEST 84TH STREET HIALEAH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WALTER ANON, ESQ. 8220 NW 168th Street Miami Lakes, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President / DIR. OSCAR DELGADO 6001 NW 153rd Street, Suite E Miami lakes, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER / DIR JAYIER VAZQUEZ 8291 NW 166th Terrace Miami Lakes, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / DIR. RAUL GASTES 15600 NW 67th Avenue, Suite 308 Miami Lakes, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Raul Gastes* RAUL GASTES 3/13/02 305-818-9993
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)