2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500004002

1. Entity Name

AMBIENCE HOMEOWNERS ASSOCIATION, INC.

FILED Jan 18, 2001 8:00 am Secretary of State 01-18-2001 90021 014 ****61.25

,				31	10 2001 70021 011	01.20		
Principal Place of Business Mailing Ad		Mailing Address						
C/O STEVEN R LIGHT 8930 SW 101 ST MIAMI FL 33176 US		C/O STEVEN R LIGHT 8930 SW 101 ST MIAMI FL 33176 US		1 100 1111				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE		
City & State		City & State		4. FEI Numbe	65-0606230		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add		
	6. Name and Address of Curre	nt Registered Agent		7. Name and	Address of New Registered	Agent		
	•		Name	Wan .		<u>-</u>		
LIGHT, STEVEN R 8930 SW 101 ST			Street A	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL								
IANICIAN I F			Ćity		FL	Zip Cod	e	
8. The above	named entity submits this statement	for the purpose of changing its re	egistered office o	r registered agent, or bo	th, in the state of Florida.			
		,						
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Agent signat	ture required when reinstating)	DATÉ	<u> </u>		
FILE NOW: FEE IS \$61.25				\$5.00 May Be Added to Fees				
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CH	ANGES TO OFFICERS AND D	IRECTORS IN	110	
TITLE	PD	☐ Delete	TITLE	Director		☐ Change	Addition	
NAME	HERNANDEZ, JORGE		NAME	Kevin Klot	TZ // C		•	
STREET ADDRESS	10000 SW 89TH CT		STREET ADDRESS	10096 5.W	ege Court			
CITY-ST-ZIP	MIAMI FL 33176	<u></u> .	CITY-ST-ZIP	miani	- 33176			
TITLE	STD	☐ Delete	TITLE	,		☐ Change	☐ Addition	
NAME	LIGHT, STEVEN R		NAME				ļ	
STREET ADDRESS _CITY+ST-ZIP	8930 SW 101 ST		STREET ADDRESS CITY-ST-ZIP					
TITLE	.MIAMI FL 33176	□ Delete	TITLE		 _	Change	Addition	
NAME	ZAYDEN, ROSE M	LI Delete	NAME			L., Change		
STREET ADDRESS	8900 SW 101 ST		STREET ADDRESS				Ì	
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP				.	
TITLÉ	D	☐ Delete	TITLE			☐ Change	Addition	
NAME	COHEN, ROBIN		NAME					
STREET ADDRESS	ADDOD OW DOTH OT		STREET ADDRESS					
	10063 SW 89TH CT						{	
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP					
CITY-ST-ZIP TITLE	MIAMI FL 33176 D	☐ Delete	TITLE			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME	MIAMI FL 33176 D MAS, JOSE R	☐ Delete	TITLE NAME			Change	Addition	
CITY-ST-ZIP TITLE	MIAMI FL 33176 D MAS, JOSE R 10003 SW 89TH CT	☐ Delete	TITLE			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33176 D MAS, JOSE R 10003 SW 89TH CT MIAMI FL 33176		TITLE NAME STREET ADDRESS CHY-ST-ZIP					
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI FL 33176 D MAS, JOSE R 10003 SW 89TH CT MIAMI FL 33176 D	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	Addition Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI FL 33176 D MAS, JOSE R 10003 SW 89TH CT MIAMI FL 33176 D HELLENCAMP, JOHANN		TITLE NAME STREET ADDRESS CHY-ST-ZIP					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MIAMI FL 33176 D MAS, JOSE R 10003 SW 89TH CT MIAMI FL 33176 D		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					

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 filke empowered.

R. Light 1/8/01 305 630 1027