

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1/00 0000 000 000 000 000

**FILED**  
**Jun 01, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90008 019 \*\*\*\*61.25

**DOCUMENT # N96000000514**  
 1. Entity Name  
**PEACOCK'S POINT HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business <del>9360 SUNSET DR., STE. #291 MIAMI FL 33173</del>	Mailing Address <del>9360 SUNSET DR., STE. #291 MIAMI FL 33173</del>
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2. Principal Place of Business <del>C/O PROFESSIONAL MGMT FOR CONDO ASSOC INC</del> <b>9095 SW 87 AVENUE</b> Suite, Apt. #, etc. <b>SUITE #777</b> City & State <b>MIAMI, FL</b>	3. Mailing Address <del>C/O PROFESSIONAL MGMT FOR CONDO ASSOC INC</del> <b>9095 SW 87 AVENUE</b> Suite, Apt. #, etc. <b>SUITE #777</b> City & State <b>MIAMI, FL</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0641191</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GIL, JULIA</b> <b>9360 SUNSET DR., STE. #291</b> <b>MIAMI FL 33173</b>	7. Name and Address of New Registered Agent Name <b>PHILLIPS, EISINGER, KOSS + ROSENFELDT, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Att. Dennis J. Eisinger, Esq.</b> <b>4000 HOLLYWOOD BLVD #265 SOUTH</b> City <b>HOLLYWOOD</b> FL Zip Code <b>33021</b>
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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 **Hastoo**  
Signature, typed or printed name of registered agent applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO</b> <b>GIL, AUGUSTO J</b> <b>9360 SUNSET DR., STE. #291</b> <b>MIAMI FL 33173</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CARLOS DONGO</b> <b>16531 SW 99 STREET</b> <b>MIAMI, FL 33196</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>GIL, JULIA</b> <b>9360 SUNSET DR., STE. #291</b> <b>MIAMI FL 33173</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>RICHARD NAVARRO</b> <b>9841 SW 164 COURT</b> <b>MIAMI, FL 33196</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GIL, ALEX</b> <b>1819 S.W. 123RD CT.</b> <b>MIAMI FL 33175</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JAIME VARGAS</b> <b>16530 SW 99 LANE</b> <b>MIAMI, FL 33196</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CESAR MORALES</b> <b>16471 SW 99 STREET</b> <b>MIAMI, FL 33196</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>RICHARD DE LA PAZ</b> <b>16526 SW 98 TERRACE</b> <b>MIAMI, FL 33196</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/24/2000** Daytime Phone #: **305**

CR200007 10/99