## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9600000514 1. Entity Name

PEACOCK'S POINT HOMEOWNER'S ASSOCIATION, INC.

C/O PROF MGMT FOR CONDO ASSOC INC 9095 SW 87 AVE STE #777 MIAMI FL 33176

Principal Place of Business

US

Mailing Address

C/O PROF MGMT FOR CONDO ASSOC INC 9095 SW 87 AVE STE #777

MIAMI FL 33176 ÜS

Principal Place of Business	3. Mailing Address	_
Professional Managemn	it Inc 9095 SW 87 Ave	
Suite, Apt. #, etc. 777	Suite, Apt. #, etc. 777	
City & State	City & State	_
	Miomi	

FILED
Apr 30, 2001 8:00 am 
Secretary of State

04-30-2001 90085 031 \*\*\*\*61.25



2 Principal Pla	ace of Business	3. Mailing Address							
	fessional Managemi		07 4		1 868 1860 <b>3</b> 464 8866 8866 <b>88</b> 66 <b>88</b> 66 <b>8</b>	HER BREEF BEILDI A	8     <b>                                 </b>		
Suite, Apt. #		Suite, Apt. #, etc. 777	oz Ave		DO NOT WRITE IN THIS S	PACE			
City & State City & State Miami			4. FEI Numbe	4. FEI Number 65-0641191 Applied For Not Applicable					
Zip Country Zip C		Country  Dade	5. Certificate of Status Desired \$8.75 Addition Fee Required		itional				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			Name			.50			
PHILLIPS, EISINGER, KOSS & ROSENFEIDT ATTN: DENNIS J EISAGER 4000 HOLLYWOOD BLVD #265 SOUTH HOLLYWOOD FL 33021				Street Address (P.O. Box Number is Not Acceptable)  City Eg Zip Code					
HULLTWU	JUD FL 33021		City		FL	Zip Code	<del>;</del>		
SIGNATURE _	Signature, typed or printed name of registere	nd agent and title if applicable. (NOT		ure required when reinstating)	DATE Make Check F	Pavable to			
	FEE IS \$61.25	Trust Fund Contrib	· -	Added to Fees	Department				
10.	OFFICERS AN	ND DIRECTORS	11.	ADDITIONS/CH	ANGES TO OFFICERS AND DIF	RECTORS IN	10		
TITLE	PD	☐ Delete	TITLE	PD	, made to otthoche, moon	<b>⊠</b> Change	Addition		
NAME	DONGO, CARLOS	Delae	NAME			Z Change	☐ Addition		
STREET ADDRESS	16531 SW 99 STREET		STREET ADDRESS	Cesar Moral 16471 SW 99	28 C+				
CITY-ST-ZIP	MIAMI FL 33196		CITY - ST - ZIP	Miami, fl 3					
TITLE	VD	X Delete	TITLE	VP	3170	<b>⊠</b> Change	Addition		
NAME	NAVARRO, RICHARD	L2x Delete	NAME	'-		M Change	Addition		
STREET ADDRESS	9841 SW 164 CT		STREET ADDRESS	Dongo, Carlo					
CITY-ST-ZIP	MIAMI FL 33196		CITY-ST-ZIP	16531 SW 99					
TITLE	D	☐ Delete	TITLE	Miami, Fl 3	31.96	<b>★</b> Change	Addition		
NAME	VARGAS, JAIME	L.J Delete	NAME	Ricardo De	In Pos	At Change	Audition		
STREET ADDRESS	16530 SW 99 LANE		STREET ADDRESS	16526 SW 99					
CITY-ST-ZIP	MIAMI FL 33196		CITY-ST-ZIP	Miami, fl 3					
TITLE	SD	Delete	TITLE	T	3170	M Change	Addition		
NAME	MORALES, CESAR	LLI Delete	NAME	, -	_	M Gillinge			
STREET ADDRESS	16471 SW 99 ST		STREET ADDRESS	Jaime Varga					
CITY-ST-ZIP	MIAMI FL 33196		CITY-ST-ZIP	16530 SW 99					
TITLE	TD	☐ Delete	TITLE	Miami, Fl 3	DTA0	☐ Change	Addition		
NAME	DE LA PAZ, RICHARD	□ Delete	NAME			Oliange	L. Addition		
STREET ADDRESS	16526 SW 98 TERRACE		STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33196		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			☐ Change	Addition		
NAME		LI Delete	NAME			☐ Orkinge	L. AUGILION		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
L	1			I					

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #