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2001	UNIFORM BUS	INESS R	EPOR	T (UB	R)		-		
DOCUI 1. Entity Name	MENT # N96000	000728			100		serbra A	ĻĔŮ	
PLANTATION ISLAND ESTATES HOMEOWNERS ASSOCIATION					SECRETARY OF STAIL BYISION OF CORPORATIONS				
D: : 18	10.						01 SEP 25	PM 12.	20
Principal Place		Mailing Addres						11112.2	.9
C/O PEDRO GACIA-CARILLO 14425 COUNTRY WALK DRIVE MIAMI FL 33186 US		111 SW 3RD S	C/O ELLIOTT HARRIS 111 SW 3RD STREET MIAMI FL 33130 US			1 18 B)(61) 141	1848 Bana Bana Bana Bana Bana Bana) 11 241 21 44 (114 1	18 83 6 J o ne J os
Principal Place of Business 3. Mailing Address			ess		-				
Suite, Apt. i	<u>dro Garcia-Carril</u> #.etc. Country Walk Driv	Suite, Apt. #	Elliott ,etc. 7 3 Str		_	710271141 272	DO NOT WRITE IN THIS		
City & State		City & State				4. FEI Number	65-0643193		pplied For
Zip	Florida Country	Miami,		<u>da 331</u> Country	30				ot Applicable
33186	USA	^{Zip} 33130		USA		5. Certificate of S	tatus Desired	\$8.75 Add	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
HARRIS, ELLIOTT ESQ 111 SW 3RD STREET SIXTH FLOOR MIAMI FL 33130 City			Address (F	s (P.O. Box Number is Not Acceptable) FL Zip Code					
8. The above r	named entity submits this statement f	or the purpose of cha	anging its regis	stered office o	r registere	ed agent, or both, in		- 1	
SIGNATURE _	Signature, typed or printed name of registered agen	and title if applicable.	(NOTE: Regi	istered Agent signat	ture required v	when reinstating)	DATE		
After Septe	ILE NOW: FEE IS \$61.25 mber 12, 2001, min. will be \$2	2 36.25 Tru	ection Campaig est Fund Contri			\$5.00 May Be Added to Fees	Make Chec Departme	k Payable ent of State	
10.	OFFICERS AND DI			11.	A	DDITIONS/CHANG	ES TO OFFICERS AND D		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bunin, Lawrence 14 <u>0-s:University or</u> Suite (Plantation-fl-33324	' ≱ 5∘		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1442	25 Countr	-Carrillo y Walk Driv	Change e	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Prager; Max 38 7-audobo n-rd En glewood nj 07631	\$ 00	Ī.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kenr 1442		oldring y Walk Driv	Chánge	☐ Addition
TITLE	n	re/		T.T. F	Mian	n i, Flori	da 33186	1	

CITY-ST-ZIP 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 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.

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CITY-ST-ZIP

Elliott Harris

111 S.W. 3rd Street,

Miami, Florida 33130

NAME

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MOSKOVITS, CORINNE

LABELLE FL 33935

FERNWOOD LN, RT 1 BOX 1094

206.358-01UL

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6th Floor

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