

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002129

1. Entity Name

SHENANDOAH NEIGHBORHOOD ASSOCIATION, INC.



FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90023 050 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1815 SW 16 ST MIAMI FL 33145	Mailing Address 1815 SW 16 ST MIAMI FL 33145
--	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
--	--	---------	---------

4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COTARELO-ECHAGARRUA, JACQUELINE
1815 SW 16 ST
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
--	---	--

10. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	TRVEBA, CINDY
STREET ADDRESS	2321 SW 21 ST
CITY-ST-ZIP	MIAMI FL 33145
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	CACERAS, STEVE
STREET ADDRESS	1901 SW 19 ST
CITY-ST-ZIP	MIAMI FL 33135
TITLE	D <input type="checkbox"/> Delete
NAME	BERGER, LORAINÉ
STREET ADDRESS	2454 SW 13 ST
CITY-ST-ZIP	MIAMI FL 33145
TITLE	D <input type="checkbox"/> Delete
NAME	RAFFEL, JOHN
STREET ADDRESS	2150 SW 21 ST
CITY-ST-ZIP	MIAMI FL 33145
TITLE	DP <input type="checkbox"/> Delete
NAME	COTARELO-ECHAGARRUA, JACQUELINE
STREET ADDRESS	1815 SW 16 ST
CITY-ST-ZIP	MIAMI FL 33145
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: *Jacqueline Cotarelo-Echagarrua* **Jacqueline Cotarelo-Echagarrua**
 9/7/00 (305)285-1243
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)