

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90398 023 ****61.25

DOCUMENT # N96000003813

1. Entity Name

**J.G. HEADS FARM UNIT A HOMEOWNERS ASSOCIATION, I
NC.**



Principal Place of Business

**782 NORTHWEST LE JEUNE ROAD #428
MIAMI FL 33126**

Mailing Address

**782 NORTHWEST LE JEUNE ROAD #428
MIAMI FL 33126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0682563**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

PUIG, NOEL

**782 NORTHWEST LE JEUNE ROAD #428
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name

MAGALI L. PUIG

Street Address (P.O. Box Number is Not Acceptable)

782 N.W. LeJeune Road

Suite # **428**

City

Miami,

FL

Zip Code

33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Magali L. Puig

4/28/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **ANLLO, INGRID**
STREET ADDRESS **3350 SW 129TH AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☐ Change ☐ Addition
NAME **Magali L. Puig**
STREET ADDRESS **782 N.W. LeJeune Road Suite 428**
CITY-ST-ZIP **Miami, Florida 33126**

TITLE **SD** ☒ Delete
NAME **PUIG, NOEL R**
STREET ADDRESS **3351 SW 129TH AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **MARTINEZ, LIZARDO**
STREET ADDRESS **3705 SW 130 AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

4/28/03

CR2E037 (10/02)