

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State


05-11-2000 90075 043 ****61.25

DOCUMENT # N96000004780
 1. Entity Name
BIG FIVE HOMES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business 9095 SW 87 AVE STE 777 MIAMI FL 33176	Mailing Address 9095 SW 87 AVE STE 777 MIAMI FL 33176-2310
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

DO NOT WRITE IN THIS SPACE



4. FEI Number **65-0461838** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STIEFFEL, JULIO
790 SW 92 PASSAGE
MIAMI FL 33174**

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 _____
 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP Vice President/D	<input type="checkbox"/> Delete	TITLE VP Vice President/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STIEFFEL, JULIO		NAME STIEFFEL, JULIO	
STREET ADDRESS 790 SW 92 PASSAGE		STREET ADDRESS 790 SW 92 PASSAGE	
CITY-ST-ZIP MIAMI FL 33174		CITY-ST-ZIP MIAMI FL 33174	
TITLE VP Treasurer/D	<input type="checkbox"/> Delete	TITLE VP Treasurer/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MESAS, JOSE		NAME MESAS, JOSE	
STREET ADDRESS 730 SW 92 PASSAGE		STREET ADDRESS 730 SW 92 PASSAGE	
CITY-ST-ZIP MIAMI FL 33174		CITY-ST-ZIP MIAMI FL 33174	
TITLE SD	<input checked="" type="checkbox"/> Delete	TITLE Secretary/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KAISER, BEATRIZ L		NAME Beatriz Guate-Hidalgo	
STREET ADDRESS 710 SW 92 PASSAGE		STREET ADDRESS 9288 SW Grand Canal Dr.	
CITY-ST-ZIP MIAMI FL 33174		CITY-ST-ZIP Miami, FL 33174	
TITLE VP PRESIDENT/D	<input type="checkbox"/> Delete	TITLE VP PRESIDENT/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FERNANDEZ, ERNEST		NAME FERNANDEZ, ERNEST	
STREET ADDRESS 9272 SW GRAND CANAL DR		STREET ADDRESS 9272 SW GRAND CANAL DR	
CITY-ST-ZIP MIAMI FL 33174		CITY-ST-ZIP MIAMI FL 33174	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RODRIGUEZ, ADALBERTO		NAME RODRIGUEZ, ADALBERTO	
STREET ADDRESS 9296 SW GRAND CANAL DR		STREET ADDRESS 9296 SW GRAND CANAL DR	
CITY-ST-ZIP MIAMI FL 33174		CITY-ST-ZIP MIAMI FL 33174	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Ernest Fernandez* **SIGNATURE REQUIRED** **ERNEST FERNANDEZ** **4/12/00** **305-270-0870**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)