

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

04-30-2001 90088 014 \*\*\*\*\*61.25

0048809

**DOCUMENT # N96000004780**

1. Entity Name

**BIG FIVE HOMES HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

9095 SW 87 AVE  
 STE 777  
 MIAMI FL 33176

9095 SW 87 AVE  
 STE 777  
 MIAMI FL 33176

A0059487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0461838

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STIEFFEL, JULIO  
 790 SW 92 PASSAGE  
 MIAMI FL 33174

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.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VPD  
 NAME: STIEFFEL, JULIO  Delete  
 STREET ADDRESS: 790 SW 92 PASSAGE  
 CITY-ST-ZIP: MIAMI FL 33174

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: TD  
 NAME: MESAS, JOSE  Delete  
 STREET ADDRESS: 730 SW 92 PASSAGE  
 CITY-ST-ZIP: MIAMI FL 33174

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: ~~SD~~ PD  
 NAME: KAISER, BEATRIZ L  Delete  
 STREET ADDRESS: 710 SW 92 PASSAGE  
 CITY-ST-ZIP: MIAMI FL 33174

TITLE: PD  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: ~~PD~~ SD  
 NAME: FERNANDEZ, ERNEST  Delete  
 STREET ADDRESS: 9272 SW GRAND CANAL DR  
 CITY-ST-ZIP: MIAMI FL 33174

TITLE: SD  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: D  Delete  
 NAME: RODRIGUEZ, ADALBERTO  
 STREET ADDRESS: 9296 SW GRAND CANAL DR  
 CITY-ST-ZIP: MIAMI FL 33174

TITLE: D  Change  Addition  
 NAME: MARIA ALONSO  
 STREET ADDRESS: 9216 Grand Canal Dr.  
 CITY-ST-ZIP: Miami, FL 33174

TITLE: \_\_\_\_\_  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 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)(f), 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

Ernest Fernandez 4/7/01

Date

305-270-0870

Daytime Phone #

CR2E037 (10/00)