

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90001 031 ****61.25

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

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

65-0461838

Applied For

Not Applicable

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 NAME	VPD D STIEFFEL, JULIO	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	790 SW 92 PASSAGE MIAMI FL 33174	
TITLE NAME	TD MESAS, JOSE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	730 SW 92 PASSAGE MIAMI FL 33174	
TITLE NAME	VPD KAISER, BEATRIZ L	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	710 SW 92 PASSAGE MIAMI FL 33174	
TITLE NAME	SD FERNANDEZ, ERNEST	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9272 SW GRAND CANAL DR MIAMI FL 33174	
TITLE NAME	D ALONSO, MARIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9216 GRAND CANAL DRIVE MIAMI FL 33174	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	President Ernesto Cabrera	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	530 SW 92 Passage Miami, FL 33174	
TITLE NAME	Treasurer Miguel Herrera	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	510 S.W. 92 Passage Miami, FL 33174	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02

305-926-6381

Date

Daytime Phone #

CR2E037 (9/01)