2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004892

SHOJAEE, MASOUD

MIAMI FL 33174

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

NAME

NAME STREET ADDRESS

TITLE

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIE

1321 SW 107 AVENUE SUITE 210-A

FILE NOW:

FEE IS \$61.25

SHOJAEE, MASOUD

MIAMI FL 33174

CRUZ. MARTA

<u>MIAMI FL 33174</u>

MIAMI FL 33174

1321 SW 107 AVENUE SUITE 210-A

1321 SW 107 AVENUE SUITE 210-A

1321 SW 107 AVENUE SUITE 210-A

ALMENDRAL, MARIA LOURDES

OP

DV

SPRING VALLEY PHASE III HOMEOWNERS' ASSOCIATION,

6. Name and Address of Current Registered Agent

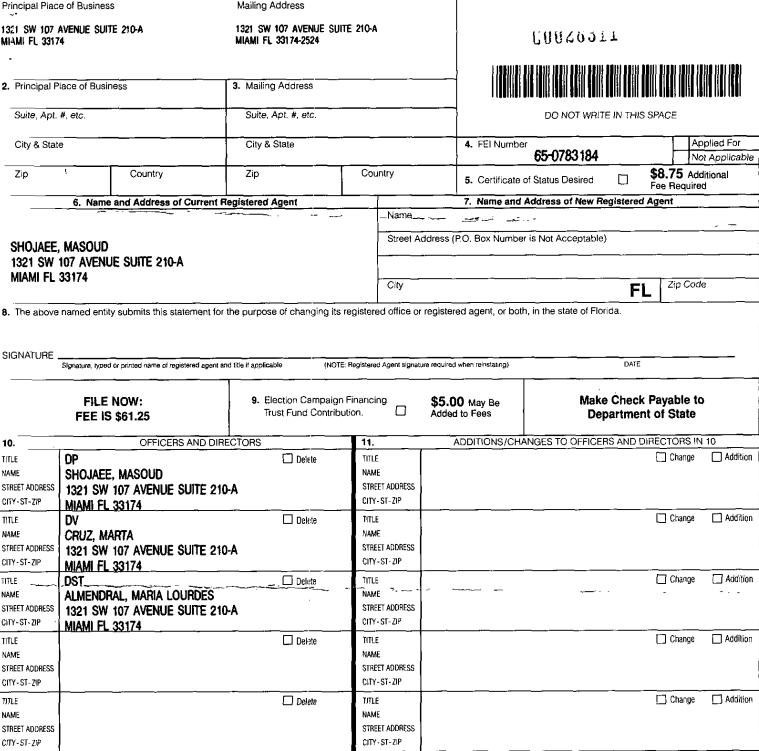
Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

Mailing Address Principal Place of Business 1321 SW 107 AVENUE SUITE 210-A 1321 SW 107 AVENUE SUITE 210-A MIAMI FL 33174-2524 MIAMI FL 33174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

FILED Mar 01, 2000 8:00 am Secretary of State

03-01-2000 90056 040 ****61.25



(66/6)

CR2E037

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify to indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee empowered to execute this report. ne exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ly signature shall have the same legal effect as if made under oath; that I am an officer or director 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

TREET ADDRESS CITY-ST-ZIP

City

9. Election Campaign Financing

11.

TITLE NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

TITLE

MAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Trust Fund Contribution.

☐ Delete

☐ Delete

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☐ Delete

☐ Delete

SIGNATURE:

SIGNATURE

Change