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

APPROVED AND FILED
03 MAY -6 AM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000002139**

1. Entity Name

MIAMI GARDENS HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
c/o William Moritz	c/o William Moritz
Suite, Apt. #, etc. 111 Ronald Road	Suite, Apt. #, etc. 111 Ronald Road
City & State Hollywood	City & State Hollywood
Zip 33023 Country US of A	Zip 33023 Country US of A

4. FEI Number **65-0895791** ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: William Moritz

Street Address (P.O. Box Number is Not Acceptable): 111 Ronald Road

City: Hollywood **FL** Zip Code: 33023

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: William K Moritz 4-25-2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
PD	**Laura Driver** **15 Miami Gardens Road** **Hollywood, Fl. 33023**
VPD	William Moritz 111 Ronald Road Hollywood, FL 33023
SD	Cristina Eveillard 101 Edmund Road Hollywood, Fl 33023

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05/07/03--01014--002 **70.00

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: William K Moritz 4-25-2003 305 623-8700 x345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #