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

DOCUMENT # N98000005600

1. Entity Name

FILED

02 JUL 30 AM 11: 14

SECRETARY OF STATE TALLAHASSEE. FLORIDA

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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

DORAL MEADOWS HOMEOWNERS' ASSOCIATION, INC.

2. Principal Place of Business
c/ō: MIAMI MANAGEMENT, INC.
Suite, Apt. #. etc.

3. Mailing Address
14275 SW 142 Avenue
Suite, Apt. #, etc.

City & State		City & State		4. FEI Number			
Miami, Florida			orida	65-0897327		Not Applicable	
. Zip	Country	Zip	Country	5. Certificate of Status Desired		\$8.75 Additional	
33186	DADE	33186	DADE		Fee Required		
THE PROPERTY OF THE PARTY OF TH	COMPLETED IN THE COMPLETED CONTRACTOR	and the second of the second o	#25000000000000000000000000000000000000	7 Name and Address of Current	Danieta	red Agent	

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, /, Traille and Address of Current he	egistereu Agent	·
PARLADE, ALBERTO J. ESQ. Cox	y Mars	Esq.
		Flocks St
Sinc. =	270\)
City Miami	FL 331	Code 33139
	PARLADE, ALBERTO J. ESQ. Cor	Super 2701

8. The above	named entity submits this statement for the purpose of changing its re	gistered office or regi	stered agent, or both, in	the state of Florida.	
SIĞNATURE .	Signatury, typed or printed name of registered agont and title if applicable. (NOTE: F	tegistered Agent signature req	uired when reinstating)	07/6/02	
	FEE IS \$61.25 Initial or Amended UBR Trust Fund Co	ntribution.	\$5.00 May Be Added to Fees	Make Check Payable to Department of State	
10.	OFFICERS AND DIRECTORS	I Parameter I	Mat Willia de S		market by the second
NAME STREET ADDRESS	PD SELLAN; SANTIAGO 10911 NW 47th Lane Miami FL 33178	TITILE NAME STREET ADDRESS CITY ST. ZIP			
TITLE NAME	VPD GARCIA, ALEX 4504 NW 109 Pass	TITLE NAME SIREET ADDRESS CITY: ST: ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WINTER, CHRISTINE 10938 NW 47th Lane Miami FL 33178	NAME STREET ADDRESS CITY ST. ZIP.D+2	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHIFFER, SUSANNE 10981 NW 44th Terrace Miami FL 33178	NAME STREET ADDRESS CITY ST. ZP	IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D RIVAS, DARYS 4618 NW 109th Court Miami FL 33178	NAME STREET ADDRESS CITY ST. ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUBA, TED 11109 NW 45th Terr. Miami FL 33178	TITLE NAME STREET ADDRESS CITY ST ZIP			

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Daniel Silla

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07/16/00

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^{12.} Thereby certify that the information supplied with this filling 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.

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

U	INFORIN BUSIN	C33 KEPUK	I (UBK)			
DOCUMENT # N98000005600 1. Entity Name					PAGE NO. 2	
DORAL	MEADOWS HOMEOWNERS'	ASSOCIATION, I	NC.			
	DO NOT WRITE	E IN THIS S	PACE			
MARK POLICE						
	Place of Business	3. Mailing Address	W. W. W. W. J. J. W. W. J. W. W. J. W. W. J. W. J. W. W. W. J. W. W. W. J. W.	60° h. w 60° p		
Suite, Apt	. #. etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS S	PACE
					DO NOT WHILE IN 11115 3	
City & Sta	te	City & State		4. FEI Number 65–0897:	327	Applied For
, Žip	Country	Zip	Country			Not Applicable
************		Company on a State State State State of the Company	at he was a second	5. Certificate of	Status Desired	ee Required
100			Name	7. Name and Add	ress of Current Registered	Agent
	DO NOT W	RITE	Street Addr	ess (P.O. Box Number i	s Not Acceptable)	,
			3.56(7.0di	COS (F.O. DOX Marrison F	3 Not Acceptable)	
	IN THIS SI	TAUE TO SE				
T.Y.			City		FL	Zip Code
8. The above	named entity submits this statement for	or the purpose of changing i	ts registered office or reg	gistered agent, or both,	in the state of Florida.	1
SIGNATURE	,			•		
	Signature, typed or printed name of registered agen	t and title if applicable. (NC	OTE: Registered Agent signature re	quired when reinstating)	DATE	
	FEE IS \$61.25	9 Election C	ampalgn Financing	¢ E 00	Make Check	Parablato 1
	Initial or Amended UBR		Contribution.	\$5.00 May Be Added to Fees	Departmen	
ፍ ኤ ኒያ ፡፡ ፡፡ ፡፡ 10.	OFFICERS AND DI	DECTORS:				
TITLE ·	OFFICERS AND DI	RECTORS	time to			The state of the s
NAME	BARALT, MARCIAL		NAME			
STREET ADDRESS CITY - ST - ZIP	10980 NW 44th Terr.		STREET ADDRESS			
	Miami FL 33178	P	CITY ST-ZIP			
NAME			NAME			
STREET ADDRESS	يد ميسو ۾ المحاد م		STREET ADDRESS	AN COMPANY		A ROY TOWN THE
CITY-ST-ZIP			CITY ST, ZIP			
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STREET ADDRESS			STREET ADDRESS	ha	NOT WOLT	re
CITY - ST - ZIP	17.		CITY-ST. ZIP			
TITLE NAME			NAME 3	IN	THIS SPAC	:E
STREET ADDRESS			STREET ADDRESS:			
CITY-ST-ZIP			CITY ST ZIP			
FITLE			(mega-			a was in the
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			GTY-ST-ZIP			
TITLE			TILES (1997)			
NAME STREET ADDRESS			NAME ASSISTANCE OF THE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

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07/16/02

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