

2000 UNIFORM BUSINESS REPORT (UBR)

0035363

DOCUMENT # N99000003406

1. Entity Name

PATTY'S PLACE HOMEOWNERS' ASSOCIATION, INC.

FILED

00 MAY 11 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2450 SOUTHWEST 137TH AVENUE
SUITE 228
MIAMI FL 33175

Mailing Address

2450 SOUTHWEST 137TH AVENUE
SUITE 228
MIAMI FL 33175 6332

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

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

CABALLERO, MARCIA B-ESQ.
2450 SOUTHWEST 137TH AVENUE
SUITE 228
MIAMI FL 33175

Name
As P Registered Agent, Inc.
Street Address (P.O. Box Number is Not Acceptable)
2450 SW 137 Ave
City
MIAMI
FL 33175

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
STREET ADDRESS
CITY-ST-ZIP
PTD
ADRIAN, PEDRO J
2450 SOUTHWEST 137TH AVENUE SUITE 228
MIAMI FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Alonso, Patricia
2450 SW 137 Ave, Ste 228
MIAMI, FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MEDINA, ANGEL JR.
2450 SOUTHWEST 137TH AVENUE SUITE 228
MIAMI FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Socarras, Joseph
2450 SW 137 Ave, Ste 228
MIAMI, FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ADRIAN, ALVARO L
2450 SOUTHWEST 137TH AVENUE SUITE 228
MIAMI FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000003256680-4
-05/18/00-01013-005
1271.00 **61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALONSO, PATRICIA
2450 SOUTHWEST 137TH AVENUE SUITE 228
MIAMI FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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)(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

Date

Daytime Phone #

4/28/00 (305) 225-1515

CR2E037 (9/99)