

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007513

1. Entity Name

THE OAKBROOK ESTATES HOMEOWNERS' ASSOCIATION, IN

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90039 005 ****61.25

Principal Place of Business

Mailing Address

3034 S.W. 100TH COURT
MIAMI FL 33165

3034 S.W. 100TH COURT
MIAMI FL 33165

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Apply for

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SOTO, LORENZO
3034 S.W. 100TH COURT
MIAMI FL 33165

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 DP SOTO, LORENZO ☐ Delete
STREET ADDRESS 3034 S.W. 100TH COURT
CITY-ST-ZIP MIAMI FL 33165

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME DV GONZALEZ, DANIEL ☐ Delete
STREET ADDRESS 2229-A SIMPSON RIDGE CIRCLE
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME DT SOTO, AILEEN ☐ Delete
STREET ADDRESS 3034 S.W. 100TH COURT
CITY-ST-ZIP MIAMI FL 33165

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME S BALADRON, JULIO ☐ Delete
STREET ADDRESS 3034 S.W. 100TH COURT
CITY-ST-ZIP MIAMI FL 33165

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ 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: Lorenzo Soto

03/07/00 (305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)