

3/15/01-90008-034-\$61.25-\$61.25  
\* 9/12/01-90023-046-\$61.25-\$61.25

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007513

1. Entity Name

THE OAKBROOK ESTATES HOMEOWNERS' ASSOCIATION, IN

Principal Place of Business

3034 S.W. 100TH COURT  
MIAMI FL 33165

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

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

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 reappointing)

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

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

☐ Delete

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

☐ Delete

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

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

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TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

9.4.01

305.889.8961

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
0650995938

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)