

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

0041886 AV

DOCUMENT # P02000128149

1. Entity Name

DIXIE GARDENS APARTMENTS, INC.



08-04-2003 90138 039 ***550.00
03-21-2003 90104 005 ***150.00

Principal Place of Business

201 ALHAMBRA CIRCLE SUITE 701
CORAL GABLES FL 33134

Mailing Address

~~201 ALHAMBRA CIRCLE SUITE 701~~
~~CORAL GABLES FL 33134~~

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

Miami, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

33166

USA

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

DE LA OSA

DE KA ISA, JORGE L

201 ALHAMBRA CIRCLE SUITE 701

CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
DE LA OSA, JORGE
201 ALHAMBRA CIRCLE SUITE 701
CORAL GABLES FL 33134 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Jorge E. Valdes
6917 NW 46 Street
Miami, FL 33166 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
JIMENEZ, REINALDO I
6917 NW 46TH STREET
MIAMI FL 33166 ☒ Delete

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

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☐ Change ☐ Addition

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 607, 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 #

8/1/03 (305) 2187312

CR2E034 (4/03)