

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90058 032 \*\*\*158.75

DOCUMENT # **P 99000070973**

1. Entity Name  
**PARK LAKES DEVELOPMENT, INC.**

Principal Place of Business Mailing Address  
**1800 WEST 49 ST. STE. 134 HIALEAH, FL. 33012**

**A0047819**

2. Principal Place of Business 3. Mailing Address  
**1800 WEST 49 ST. STE. 134 HIALEAH, FL. 33012**

DO NOT WRITE IN THIS SPACE

City & State **HIALEAH FL** 4. FEI Number **650991516** Applied For Not Applicable  
Zip **33012** Country **US** 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  
**HOMERO CRUZ** Name **HOMERO CRUZ**  
**1800 WEST 49 ST. STE 134** Street Address (P.O. Box Number is Not Acceptable)  
**HIALEAH, FL. 33012** **1800 WEST 49 ST STE. 134**  
City **HIALEAH** FL Zip Code **33012**

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]** DIRECTOR **4/7/01**  
Signature, typed or printed name of registered agent, and date applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State** 10. Election Campaign Financing **\$5.00** May Be Added to Fees ☐

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>CRUZ, HOMERO</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>1800 WEST 49 ST. #134</b>		CITY-ST-ZIP		
	<b>HIALEAH, FL. 33012</b>				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>RICARDO ECHEVERRIA</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>1800 WEST 49 ST #134</b>		CITY-ST-ZIP		
	<b>HIALEAH FL 33012</b>				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** DIRECTOR **4/7/01** 305 825-0834  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)