

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am  
Secretary of State

05-05-2001 90346 001 \*1,200.00

DOCUMENT # P99000099976

1. Entity Name

HUMMINGBIRD ESTATES, INC.

Principal Place of Business

14425 COUNTRY WALK DRIVE  
MIAMI FL 33186

Mailing Address

C/O ELLIOTT HARRIS  
111 SW 3RD ST. 6TH FLR  
MIAMI FL 33130

2. Principal Place of Business

13052 SW 133<sup>rd</sup> COURT  
Suite, Apt. #, etc.

3. Mailing Address

13052 SW 133<sup>rd</sup> COURT  
Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0961578

Applied For

Not Applicable

Zip

33186

Country

U.S.A.

Zip

33186

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, ELLIOTT  
411 SW 3 STREET 6TH FLOOR  
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

FERNANDO S. ARAN

Street Address (P.O. Box Number is Not Acceptable)

ARAN CORREA & GUARCH, PA

710 SOUTH DIXIE HIGHWAY

City

CORAL GABLES

FL

Zip Code

33146

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-05-01

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

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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  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS- HARRIS, ELLIOTT 111 SW 3 STREET 6TH FLOOR MIAMI FL 33186	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D RUBEN BERTAN 13052 SW 133 <sup>rd</sup> COURT MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD- GOLDRING, KENNETH D 14425 COUNTRY WALK DRIVE MIAMI FL 33186	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D LUIS VILLAR 13052 SW 133 COURT MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD- GARCIA GARRILLO, PEDRO 14425 COUNTRY WALK DRIVE MIAMI FL 33186	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-05-01 305-971-0855

8115676

CR2E034 (10/00)