

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30905

1. Entity Name

SIENNA VILLAS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90104 042 \*\*\*\*70.00

Principal Place of Business C/O COURTEST PROPERTY MAGMT 13250 SW 135TH AVE MIAMI FL 33186 US	Mailing Address C/O COURTEST PROPERTY MAGMT 13250 SW 135TH AVE MIAMI FL 33186-6489 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
Country	Country	Country	Country

4. FEI Number <b>65-0173330</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

SIEGFRIED, RIVERA, LERNER & DELATORRE  
 201 ALHAMBRA CIRCLE, SUITE 1102  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORALES, MARCIA	
STREET ADDRESS	14325 SW 57 LANE #7	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MARGARATE GRANT	
STREET ADDRESS	14325 SW 57TH LANE, #15	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	SUAREZ, ELBA	
STREET ADDRESS	14345 SW 57 LN. #11	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SUAREZ, CORALINA	
STREET ADDRESS	14345 SW 57 LN. #12	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Comin, Raul	
STREET ADDRESS	14305 SW 57 Lane #11	
CITY-ST-ZIP	Miami, Fl. 33183	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Boveda, Adriana	
STREET ADDRESS	14305 SW 57 Lane #9	
CITY-ST-ZIP	Miami, Fl. 33183	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suarez, Elba	
STREET ADDRESS	14345 SW 57 Lane, #11	
CITY-ST-ZIP	Miami, Fl. 33183	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suarez, Coralina	
STREET ADDRESS	14345 SW 57 Lane #12	
CITY-ST-ZIP	Miami, Fl. 33183	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)