

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90121 039 ****61.25

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DOCUMENT # N94000000117

1. Entity Name

COSTA VERDE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

C/O MIAMI MGMNT INC.
 14275 SW 142 AVE
 MIAMI FL 33186
 US

Mailing Address

C/O MIAMI MGMNT INC.
 14275 SW 142 AVE
 MIAMI FL 33186
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0518533

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TRIAI, CARLOS A
999 PONCE DE LEON BLVD
SUITE 1110
MIAMI 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.

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 \$61.25

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 PD Delete
 NAME JIMENEZ, JAVIER
 STREET ADDRESS 9827 NW 32 ST
 CITY-ST-ZIP MIAMI FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME LEFF, ROSALIE
 STREET ADDRESS 2915 NW 98 PL
 CITY-ST-ZIP MIAMI FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME NALDA, ESTRELLA
 STREET ADDRESS 9945 NW 31ST STREET
 CITY-ST-ZIP MIAMI FL 33172

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME DELFINO, PEDRO
 STREET ADDRESS 9911 NW 30 ST
 CITY-ST-ZIP MIAMI FL

TITLE Change Addition
 NAME FERREIRA, KLEBER
 STREET ADDRESS 2930 NW 99 COURT
 CITY-ST-ZIP MIAMI FL 33172

TITLE TD Delete
 NAME LOPEZ, JOEL
 STREET ADDRESS 9930 NW 32 STREET
 CITY-ST-ZIP MIAMI FL 33172

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

REQUIRER Jimenez 4/24/01 305-378-0130
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE