

*Amenke*

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-17-2003 90035 050 \*\*\*\*61.25


N94000000117

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL 24 PM 12:06

**DOCUMENT # N94000000117**

1. Entity Name  
**COSTA VERDE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business C/O MIAMI MGMT INC. 14275 SW 142 AVE MIAMI, FL 33186 US	Mailing Address C/O MIAMI MGMT INC. 14275 SW 142 AVE MIAMI, FL 33186 US
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2. Principal Place of Business C/O MIAMI MANAGEMENT, INC. Suite, Apt. #, etc. 14275 S.W. 142 AVE	3. Mailing Address C/O MIAMI MANAGEMENT, INC. Suite, Apt. #, etc. 14275 S.W. 142 AVE
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City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33186	Country USA

[REDACTED]

CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0518533	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRIAI, CARLOS A**  
999 PONCE DE LEON BLVD  
SUITE 1110  
MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name: **CARLOS A. TRIAY**  
Street Address (P.O. Box Number Is Not Acceptable):  
**10570 N.W. 27 STREET**  
City: **MIAMI** FL Zip Code: **33172**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting)

<b>FILE NOW FEES \$81.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JIMENEZ, JAVIER 9827 NW 32 ST MIAMI, FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEFF, ROSALIE 2916 NW 98 PL MIAMI, FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NALDA, ESTRELLA 9946 NW 31ST STREET MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERREIRA, KLEBER 2930 NW 89 COURT MIAMI, FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, JOEL 9930 NW 32 STREET MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VINEET KHILANI 9911 N.W. 30 STREET MIAMI, FLORIDA 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTHUR WYATT 9764 N.W. 29 STREET MIAMI, FLORIDA 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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 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: *Javier Jimenez Jr.* 7-10-03 (305)513-9231  
SIGNATURE AND TITLE FOR PRINT IS SHARE OF CHIEF OFFICER OR DIRECTOR

CL12937 (10/02)

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