

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90001 005 ****61.25

DOCUMENT # N99000002692

1. Entity Name

COSTA BRAVA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4444 SW 71ST AVE. SUITE 107
 MIAMI FL 33155

4444 SW 71ST AVE. SUITE 107
 MIAMI FL 33155-4658

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0922382

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

Name

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

City

FL

Zip Code

Rogelio Cainzos
90 CABLES PROFESSIONAL REALTY INC
300 Aragon Ave Suite 205
Coral Gables, FL 33134

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	D	<input checked="" type="checkbox"/> Delete
NAME	FELIPE, MARIO	
STREET ADDRESS	4444 SW 71ST AVE, SUITE 107	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUERRA, JORGE L	
STREET ADDRESS	4444 SW 71ST AVE, SUITE 107	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUERRA, JORGE L JR	
STREET ADDRESS	4444 SW 71ST AVE, SUITE 107	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director, President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis Rabell	
STREET ADDRESS	7270 NW 12 St, Ste. 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	Director, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Emiliano de la Fuente	
STREET ADDRESS	7270 NW 12 St, Ste. 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	Director, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keyla Alba - Reilly	
STREET ADDRESS	7270 NW 12 St, Ste. 410	
CITY-ST-ZIP	Miami, FL 33126	
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		
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:

Rogelio Cainzos
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)