

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90533 013 ****61.25

DOCUMENT # N99000002692

1. Entity Name
COSTA BRAVA ASSOCIATION, INC.

Principal Place of Business Mailing Address
4444 SW 71ST AVE. SUITE 107 ~~4444 SW 71ST AVE. SUITE 107~~
MIAMI FL 33155 ~~MIAMI FL 33155~~



DO NOT WRITE IN THIS SPACE

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

300 Aragon Avenue
Suite 205
Coral Gables, FL
33134 *Miami Dade*

4. FEI Number Applied For
65-0922382 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAINZOS, ROGELIO
C/O GABLES PROFESSIONAL REALTY INC
300 ARAGON AVE STE 205
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	RABELL, LUIS	
STREET ADDRESS	7270 NW 12 ST STE 410	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	DE LA FUENTE, EMILIANO	
STREET ADDRESS	7270 NW 12 ST STE 410	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ALBA-REILLY, KEYLA	
STREET ADDRESS	7270 NW 12 ST STE 410	
CITY-ST-ZIP	MIAMI FL 33126	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norris, Wayne	
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		

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: *Wayne Norris* **REQUIRE SIGNATURE** *2/20/01* Date Daytime Phone #

CR2E037 (10/00)