

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **744022**

1. Entity Name

**CHATEAUBLEAU VILLAS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**3822 SOUTHWEST 107 AVENUE  
MIAMI FL 33165  
US**

**7154-B SOUTH WEST 47 ST  
MIAMI FL 33155-4654  
US**

2. Principal Place of Business

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2116697**

Applied For

Not Applicable

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

**CHATEAUBLEAU VILLA  
7154-B SOUTH WEST 47TH STREET  
MIAMI FL 33155**

Name

**SAME**

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

*Cecilien H Boue*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

*03/03/2000*

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 ☐ Delete  
NAME **PD BOUE, CECILIEN**  
STREET ADDRESS **3822 SW 107 AVE.**  
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE ☐ Change ☐ Addition  
NAME **SAME**  
STREET ADDRESS **SAME**  
CITY-ST-ZIP **SAME**

TITLE ☐ Delete  
NAME **TD BENITEZ, MARCELO**  
STREET ADDRESS **3894 SOUTH WEST 107TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Change ☐ Addition  
NAME **SAME**  
STREET ADDRESS **SAME**  
CITY-ST-ZIP **SAME**

TITLE ☐ Delete  
NAME **SD MENDVINA, GLADYS**  
STREET ADDRESS **3858 SW 107 AVE.**  
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE ☐ Change ☐ Addition  
NAME **SAME**  
STREET ADDRESS **SAME**  
CITY-ST-ZIP **SAME**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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)(l), 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:

*Cecilien H Boue* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-01-2000 305-668-4800**

Date

Daytime Phone #

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90063 012 \*\*\*\*61.25

044039



DO NOT WRITE IN THIS SPACE