

2000 UNIFORM BUSINESS REPORT (UBR)

2/52/5

FILED
May 19, 2000 8:00 am
Secretary of State

02-05-2000 90051 024 ****61.25

DOCUMENT # 769653

1. Entity Name

SEVILLA TERRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2151 LE JENNE RD
 3305
 CORAL SPRINGS FL 33134
 US

2151 LE JENNE RD
 3305
 CORAL SPRINGS FL 33134-3300
 US

2. Principal Place of Business

3. Mailing Address

900 W. 49 ST
 Suite, Apt. #, etc.
 220

900 W. 49 ST
 Suite, Apt. #, etc.
 220

City & State
 HIALEAH, FL
 Zip
 33012

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 HIALEAH, FL
 Zip
 33012

4. FEI Number
 59-2400694

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

YABLON & SCHNEIDER PA
 600 S FEDERAL HWY
 HOLLYWOOD FL 33020

Name
 CLEMENTE J. DELATORRE
 Street Address (P.O. Box Number is Not Acceptable)
 900 W. 49 ST. SUITE 220
 HIALEAH, FL
 City
 FL Zip Code
 33012

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 NAME STREET ADDRESS CITY-ST-ZIP	DT RISUCCI, OSCAR 1064 W 79TH STREET HIALEAH, FL 33014	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD. ALLEGE, BERTHA 1066 WEST 79TH STREET HIALEAH, FL 33014	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BASART, LUIS 1054 W 79 ST HIALEAH, FL 33014	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R FERNANDEZ, MARGARITA 1066 W 79TH STREET HIALEAH, FL 33014	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEQUE, BERTHA 1066 W 79TH STREET HIALEAH, FL 33014	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GONZALEZ, RAQUEL 1092 W 79 ST HIALEAH, FL 33014	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ RAQUEL 1052 W. 49 ST. HIALEAH, FL 33014	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT. RISUCCI OSCAR 1064 W 79 ST HIALEAH, FL 33014	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BASART, LUIS 1054 W. 79 ST. HIALEAH, FL 33014	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE REQUIRED
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RAQUEL GONZALEZ, RESIDENT

1-29-2000 (305) 821-7668