

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90023 046 \*\*\*\*61.25

**DOCUMENT # 739698**

1. Entity Name

**COSTA BELLA ASSOCIATION, INC.**

Principal Place of Business

**1450 S BRICKELL BAY DRIVE  
 MIAMI FL 33131-3612**

Mailing Address

**1450 BRICKELL BAY DR  
 OFFICE  
 MIAMI FL 33131  
 US**

**C0006805**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1754406**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SKILD INC  
 201 ALHAMBRA CIRCLE  
 SUITE 1102  
 CORAL GABLES FL 33134**

Name **Siegfried Runa Leona de la Torre, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**201 Alhambra Circle**  
**SUITE 1102**  
 City **CORAL GABLES** FL Zip Code **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

**1/9/01**

**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 **VP** ☐ Delete  
 NAME **MARTINEZ, LIANE**  
 STREET ADDRESS **1450 BRICKELL BAY DR #1107**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VP** ☒ Change ☐ Addition  
 NAME **MARTINEZ, LIANE**  
 STREET ADDRESS **1450 BRICKELL BAY DR #1107**  
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **T** ☐ Delete  
 NAME **EARL, BRENDA L**  
 STREET ADDRESS **1450 BRICKELL BAY DR #1212**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **S** ☐ Change ☐ Addition  
 NAME **DANIEL BENITO**  
 STREET ADDRESS **1450 BRICKELL BAY DRIVE #311**  
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **D** ☒ Delete  
 NAME **PERZER, MANUEL**  
 STREET ADDRESS **1450 BRICKELL BAY DR 912**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **DP** ☐ Change ☐ Addition  
 NAME **PEREZ, JOAQUIN**  
 STREET ADDRESS **1450 BRICKELL BAY DR #2003**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **DP** ☐ Delete  
 NAME **PEREZ, JOAQUIN**  
 STREET ADDRESS **1450 BRICKELL BAY DR #2003**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **S** ☐ Change ☐ Addition  
 NAME **GERRA, GRISALDA**  
 STREET ADDRESS **1450 BRICKELL BAY DR #1610**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **S** ☐ Delete  
 NAME **GERRA, GRISALDA**  
 STREET ADDRESS **1450 BRICKELL BAY DR #1610**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Guerra, Griselda**  
 STREET ADDRESS **1450 BRICKELL BAY DRIVE #1412**  
 CITY-ST-ZIP **MIAMI, FL 33131**

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)(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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-9-01/305-3733100**

CR2E037 (10/00)