

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90075 033 ****61.25

DOCUMENT # 744022

1. Entity Name

CHATEAUBLEAU VILLAS ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

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

SAME

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

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

TITLE **LUIS LOPEZ (D) (T)** ☐ Change ☒ Addition
NAME **3920 SW 107TH AVENUE**
STREET ADDRESS **MIAMI, FLORIDA 33165**
CITY-ST-ZIP

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

TITLE **(PD)** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **ORLANDO GARCIA (SD)** ☐ Change ☒ Addition
NAME **3860 SW 107TH AVENUE**
STREET ADDRESS **MIAMI, FLORIDA 33165**
CITY-ST-ZIP

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

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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 #

CR2E037 (10/00)