

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90076 035 ***150.00

DOCUMENT # P02000089364					
1. Entity Name BELLA MARE UNIT 203, INC.					
Principal Place of Business 16500 COLLINS AVE., APT., 454 NORTH MIAMI BEACH, FL 33160			Mailing Address 16500 COLLINS AVE., APT., 454 NORTH MIAMI BEACH, FL 33160		
2. Principal Place of Business 16500 COLLINS AVE Suite, Apt. #, etc. # 454 City & State SUNNY ISLES BEACH Zip 33160 Country U.S.		3. Mailing Address 2121 PONCE DE LEON BLVD Suite, Apt. #, etc. # 740 City & State CORAL GABLES, FL Zip 33134 Country MIAMI Dade			
4. FEI Number 01-0745360		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROBAYNA, MIGUEL ANGEL 16500 COLLINS AVE., #454 NORTH MIAMI BEACH, FL 33160			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing - \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBAYNA, MIGUEL ANGEL A6500 COLLINS AVE., #454 NORTH MIAMI BEACH, FL 33160	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUEDA DE ROBAYNA, MIRTA SUSANA 16500 COLLINS AVE., #454 NORTH MIAMI BEACH, FL 33160	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIERI, LUCIANO A6500 COLLINS AVE. #454 SUNNY ISLES, FL 33160	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT ROBAYNA, MARIA E A6500 COLLINS AVE. #454 NORTH MIAMI BEACH, FL 33160	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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 607, 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: <u>Miguel Angel Robayna</u> 02/21/05 305-968-6281					