

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90096 016 ***150.00

DOCUMENT # **PO2000057227**

1. Entity Name

COURTYARD GROVE 4105 IN



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4137 BRAIR LANE

3. Mailing Address

4137 BRAIR LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON

City & State

WESTON

4. FEI Number

01-0698613

Applied For

Not Applicable

Zip

33332

Country

BROWARD

Zip

33332

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LIZABETH F. CALVO

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

328 CRANDON BLVD SUIT 226

City

KEY BEACAYNE

FL

33149

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

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

(NOTE: Registered agent signature required when terminating)

DATE

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May be
Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	DIRECTOR
NAME	ANDRES E. LOPEZ
STREET ADDRESS	4137 BRAIR LANE
CITY-ST-ZIP	WESTON, FL, 33332
TITLE	DIRECTOR
NAME	MARIA M BIANCHI DE LOPEZ
STREET ADDRESS	4137 BRAIR LANE
CITY-ST-ZIP	WESTON, FL, 33332
TITLE	DIRECTOR
NAME	ANDRES JOSE LOPEZ
STREET ADDRESS	CALLE 5 RES. ANGELA APT 3-A
CITY-ST-ZIP	TERRAZA DE AVILA CARACAS-VENEZUELA
TITLE	DIRECTOR
NAME	VALENTINA M LOPEZ
STREET ADDRESS	9 BELMONT RD APT 1
CITY-ST-ZIP	CHESNOT HILL M.A. 02467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 in an attachment with an address, with all other files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day's Fee