

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739698

1. Entity Name

COSTA BELLA ASSOCIATION, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90074 025 ****61.25

Principal Place of Business

BRICKELL BAY DRIVE
1450 S. BAYSHORE DRIVE
MIAMI FL 33131-3612

Mailing Address

1450 BRICKEL BAY DR
OFFICE
MIAMI FL 33131-3617
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1754406

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

SKILD INC
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

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.

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 **S** ☒ Delete
NAME **CABALLERO, GLORIA**
STREET ADDRESS **1450 BRICKEL BAY DR #1107**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VP** ☐ Change ☒ Addition
NAME **LIANE MARTINEZ**
STREET ADDRESS **1450 BRICKEL BAY DRIVE #1410**
CITY-ST-ZIP **MIAMI, FL 33131**

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

TITLE **S** ☐ Change ☒ Addition
NAME **GRISelda GERRA**
STREET ADDRESS **1450 BRICKEL BAY DRIVE #1412**
CITY-ST-ZIP **MIAMI, FL 33131**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **VALCARCE, ARMANDO L**
STREET ADDRESS **1450 BRICKEL BAY DR #1610**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 line empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-2000 (305) 3733100
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CR2E037 (9/99)