# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 20, 2001 8:00 am**
**Secretary of State**
01-20-2001 90023 046 ****61.25

0068373

DOCUMENT # 739698

1. Entity Name

COSTA BELLA ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1450 S BRICKELL BAY DRIVE<br>MIAMI FL 33131-3612 | 1450 BRICKEL BAY DR<br>OFFICE<br>MIAMI FL 33131<br>US |

C0006805

DO NOT WRITE IN THIS SPACE

| 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**

SKILD INC
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

**7. Name and Address of New Registered Agent**

Name Siegfried, Rivera, Lerner 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 _____ 1/9/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>MARTINEZ, LIANE<br>1450 BRICKEL BAY DR #1107<br>MIAMI FL 33131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>MARTINEZ LIANE<br>1450 BRICKELL BAY DR #1501<br>MIAMI, FL 33131 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>EARL, BRENDA L<br>1450 BRICKEL BAY DR #1212<br>MIAMI FL 33131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PERZER, MANUEL<br>1450 BRICKEL BAY DR 912<br>MIAMI FL 33131 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DANIEL BENOTO<br>1450 BRICKELL BAY DRIVE #311<br>MIAMI, FL 33131 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>PEREZ, JOAQUIN<br>1450 BRICKEL BAY DR #2003<br>MIAMI FL 33131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>GERRA, GRISALDA<br>1450 BRICKEL BAY DR #1610<br>MIAMI FL 33131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Guerra, Griselda<br>1450 Brickell Bay Drive #1412<br>MIAMI, FL 33131 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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 1-9-01 305.373.3100 x13
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #