

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749841

1. Entity Name

PINEBROOKE CONDOMINIUM Z ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O C. TANNER  
15807 S.W. 91 COURT 'A'  
MIAMI FL 33157-1950

C/O C. TANNER  
15807 S.W. 91 COURT 'A'  
MIAMI FL 33157-1950

2. Principal Place of Business

3. Mailing Address

C/O R. BONILLA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

18180 SW 83 COURT

City & State

City & State

MIAMI, FL

Zip

Country

Zip

33157

Country

USA

4. FEI Number

59-1913066

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

Name

ROSA BONILLA

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

18180 SW 83 COURT

City

MIAMI

FL

Zip Code

33157

TANNER, CAROL  
15807 SW 91 CT  
MIAMI FL 33157

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

*Rosa A. Bonilla*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/2002

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LONGENECKER, ROBERT	
STREET ADDRESS	15811 S W 91 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TANNER, CAROL	
STREET ADDRESS	15807 SW 91 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MARTINA	
STREET ADDRESS	15809	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, ROSA BONILLA	
STREET ADDRESS	15805	
CITY-ST-ZIP	MIAMI FL 33157-1950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSA BONILLA	
STREET ADDRESS	15805 SW 91 COURT	
CITY-ST-ZIP	MIAMI, FL 33157-1950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Rosa A. Bonilla*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 01, 2002 8:00 am  
Secretary of State

02-18-2002 90068 001 \*\*\*\*15.31  
02-18-2002 90068 002 \*\*\*\*15.31  
02-18-2002 90068 003 \*\*\*\*15.31  
02-18-2002 90068 004 \*\*\*\*15.32



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)