

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90012 022 \*\*\*\*69.90

**DOCUMENT # 751028**  
 1. Entity Name  
**THE CORVETTE CONDOMONIUM ASSOCIATION, INC.**

Principal Place of Business <b>7440 BYRON AVE. MIAMI BEACH FL 33141</b>	Mailing Address <b>7440 BYRON AVE. MIAMI BEACH FL 33141-2698</b>
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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 <b>59-2179160</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**DE-LUIZ, ORLANDO  
 1615 WEST AVE.  
 APT 302  
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name <b>Mrs. Rosey Chehebar</b>
Street Address (R.F. Box Number is Not Acceptable) <b>7440 Byron Ave 11B</b>
Apt. # <b>11B</b>
City <b>Miami Beach</b>
State <b>FL</b>
Zip Code <b>33141</b>

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]* **Secretary - Treasurer** DATE 4/1/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RABAH, CHRISTINE 7430 BYRON AVE., 10A MIAMI BEACH FL 33141</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MATORCEVIC, NEVENKA 7430 BYRON AVE., 5-B MIAMI BEACH FL 33141</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DE-LUIZ, ORLANDO 7430 BYRON AVE., 7-A MIAMI BEACH FL 33141</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ARBELAEZ, MATILDA 7440 BYRON AVE., 7-B MIAMI BEACH FL 33141</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD SORIANO, GLORIA 7440 BYRON AVE., 9-B MIAMI BEACH FL 33141</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Mrs. Rosey Chehebar 7440 Byron Ave 11B Miami Beach, Fl. 33141</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Lisa Dadds 7440 Byron Ave. 10B Miami Beach, Fl. 33141</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **SECRETARY REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR