

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751028

1. Entity Name

THE CORVETTE CONDOMINIUM ASSOCIATION, INC.

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

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

Principal Place of Business

7440 BYRON AVE.
MIAMI BEACH FL 33141

Mailing Address

7440 BYRON AVE.
MIAMI BEACH FL 33141-2698

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2179160

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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

Mrs. Rosey Chehebor

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

7440 Byron Ave 11B

Apt. 11B

City

Miami Beach

FL

Zip Code

33141

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

TITLE PD ☒ Delete
NAME RABAH, CHRISTINE
STREET ADDRESS 7430 BYRON AVE., 10A
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE V ☐ Delete
NAME MATORCEVIC, NEVENKA
STREET ADDRESS 7430 BYRON AVE., 5-B
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE SD ☒ Delete
NAME DE-LUIZ, ORLANDO
STREET ADDRESS 7430 BYRON AVE., 7-A
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE T ☐ Delete
NAME ARBELAEZ, MATILDA
STREET ADDRESS 7440 BYRON AVE., 7-B
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE CD ☒ Delete
NAME SORIANO, GLORIA
STREET ADDRESS 7440 BYRON AVE., 9-B
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☐ Addition
NAME Mrs. Rosey Chehebor
STREET ADDRESS 7440 Byron Ave 11B
CITY-ST-ZIP Miami Beach, FL 33141

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

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

TITLE T ☐ Change ☐ Addition
NAME Lisa Dadds
STREET ADDRESS 7440 Byron Ave. 10B
CITY-ST-ZIP Miami Beach, FL 33141

TITLE ☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

ONLINE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #