

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Feb 26, 2001 8:00 am
Secretary of State

01-26-2001 90126 047 ****61.25

DOCUMENT # 751028

1. Entity Name

THE CORVETTE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7440 BYRON AVE.
MIAMI BEACH FL 33141

7440 BYRON AVE.
MIAMI BEACH FL 33141

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 59-2179160

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

CHEHEBER, ROSEY
1440 BYRON AVENUE
APT B-11
MIAMI BEACH FL 33139

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 PD
NAME CHEHEBER, ROSEY
STREET ADDRESS 7440 BYRON AVENUE APT. B-11
CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Delete

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

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

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

TITLE T
NAME DODDS, LISA
STREET ADDRESS 7440 BYRON AVENUE APT. B-10
CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Delete

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)