

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90195 014 \*\*\*\*70.00

**DOCUMENT # 751028**

1. Entity Name  
**THE CORVETTE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**7440 BYRON AVE.  
MIAMI BEACH FL 33141**

Mailing Address  
**7440 BYRON AVE.  
MIAMI BEACH FL 33141**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
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  
**CHEHEBER, ROSEY  
7440 BYRON AVENUE  
MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent  
Name **GLORIA SORIANO**  
Street Address (P.O. Box Number is Not Acceptable)  
**7440 BYRON AVE**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **5-30-03**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, SUSAN	
STREET ADDRESS	7430 BYRON AVENUE 17-A	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MATORCEVIC, NEVENKA	
STREET ADDRESS	7430 BYRON AVE., 5-B	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SORIANO, GLORIA	
STREET ADDRESS	7440 BYRON AVENUE APT. 9-B	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MOLINARI, MARIA V	
STREET ADDRESS	7430 BYRON AVENUE APT. 10-A	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	S	<input type="checkbox"/> Delete
NAME	GREENBERG, MICHELLE	
STREET ADDRESS	7430 BYRON AVENUE APT. 8-A	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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: *[Signature]* DATE: **5-30-03** **301 7896250**

CR2E037 (10/02)