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

FILED

03 NOV 24 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751688

1. Entity Name

MONTE BELLO TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1025 West 77 Street	2011 West 62 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah, FL	City & State: Hialeah, FL
Zip: 33014 Country: Dade	Zip: 33016 Country: Dade

4. FEI Number: 59-2253631 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: America Management & R...

Street Address (P.O. Box Number is Not Acceptable): 2011 West 62 Street

City: Hialeah **FL** Zip Code: 33016

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: Herz Amaral 11-21-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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	P
NAME	Meneses, Francisco
STREET ADDRESS	1025 West 77 Street U-F
CITY-ST-ZIP	~~Hialeah, FL 33014~~
TITLE	T
NAME	Cardoso, Jose A.
STREET ADDRESS	1025 West 77 Street U-E
CITY-ST-ZIP	Hialeah, FL 33014
TITLE	S
NAME	Cabello, Osvaldo M.
STREET ADDRESS	1025 West 77 Street U-J
CITY-ST-ZIP	Hialeah, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	900024566649 11/10/03--01073--017 **61.25
TITLE	
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CITY-ST-ZIP	900024566649 11/10/03--01073--018 **175.00
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CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CITY-ST-ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 10-13-03 305 362-3452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #