

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769653

1. Entity Name

SEVILLA TERRACE CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90314 041 *****61.25

Principal Place of Business

Mailing Address

900 WEST 49 STREET
220
HIALEAH FL 33012
US

900 WEST 49 STREET
220
HIALEAH FL 33012
US

2. Principal Place of Business

900 W. 49 St.

3. Mailing Address

900 W. 49 St.

Suite, Apt. #, etc.

STE. 220

Suite, Apt. #, etc.

STE. 220

City & State

HIALEAH, FL.

City & State

HIALEAH, FL

Zip

33012

Country

MIAMI-DADE

Zip

33012

Country

MIAMI-DADE

6. Name and Address of Current Registered Agent

DELATORRE, CLEMENTE J
900 WEST 49 ST SUITE 220
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name CLEMENTE J. DELATORRE

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

900 W. 49 St. STE. 220

City HIALEAH

FL

Zip Code 33012

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

CJ Delatorre

2/16/2001

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 DP
NAME GONZALEZ, RAUL
STREET ADDRESS 900 W. 49 St.
CITY-ST-ZIP HIALEAH, FL 33012 ☒ Delete

TITLE DT
NAME RISUCCI, OSCAR
STREET ADDRESS 1064 WING ST
CITY-ST-ZIP HIALEAH, FL 33012 ☐ Delete

TITLE DS
NAME BASART, KUS
STREET ADDRESS 1054 W. 49 St.
CITY-ST-ZIP HIALEAH, FL 33012 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME NANCY FERNANDEZ
STREET ADDRESS 900 W. 49 St.
CITY-ST-ZIP HIALEAH, FL 33012 ☐ Change ☒ Addition

TITLE DT
NAME OSCAR RISUCCI
STREET ADDRESS 900 W. 49 St.
CITY-ST-ZIP HIALEAH, FL 33012 ☒ Change ☐ Addition

TITLE DS
NAME ANTONIO FONTES
STREET ADDRESS 900 W. 49 St.
CITY-ST-ZIP HIALEAH, FL 33012 ☐ Change ☒ Addition

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)