

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004318

1. Entity Name

BELLA HOMES 580 HARBOR DRIVE, LLC

Principal Place of Business

1401 PONCE DE LEON BLVD., #402
CORAL GABLES FL 33134

Mailing Address

1401 PONCE DE LEON BLVD., #402
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

104 CRANDON BLVD
Suite, Apt. #, etc.
312

104 CRANDON BLVD
Suite, Apt. #, etc.
312

City & State
KEY BISCAYNE FL

City & State
KEY BISCAYNE FL

Zip
33149

Zip
33149

4. FEI Number 65-1039511

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWELL-COSIO, SOFIA
1390 BRICKELL AVENUE, SUITE 200
MIAMI FL 33131

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FECORSA MANAGEMENT CORPORATION
1401 PONCE DE LEON BLVD., SUITE 402
CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
104 CRANDON BLVD 312
KEY BISCAYNE FL 33149 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90389 041 ****50.00

9455860



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)