

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005271

1. Entity Name

BELLA HOMES 741 MASHTA DRIVE, LLC

Principal Place of Business

1401 PONCE DE LEON BLVD
SUITE 402
CORAL GABLES FL 33134

Mailing Address¹

1401 PONCE DE LEON BLVD
SUITE 402
CORAL GABLES FL 33134

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

65-1040889

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

FECORSA GROUP, LLC
1401 PONCE DE LEON BLVD
SUITE 402
CORAL GABLES FL 33134

Name

Sofia Powell-Cosio

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

1390 Brickell Avenue

Suite 200

City

Miami

FL

Zip Code

33131

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

Sofia Powell-Cosio

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME FECORSA GROUP, LLC
STREET ADDRESS 1401 PONCE DE LEON BLVD SUITE 402
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE MGRM ☐ Change ☒ Addition
NAME Fecorsa Management Corporation
STREET ADDRESS 1401 Ponce De Leon Blvd., Suite 402
CITY-ST-ZIP Coral Gables, FL 33134

TITLE MGR ☒ Delete
NAME FEBRESE-CORDERO, JAIME
STREET ADDRESS 1401 PONCE DE LEON BLVD SUITE 402
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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.

Fecorsa Management Corporation, Managing Member

SIGNATURE:

Eduardo Gomez

Eduardo Gomez, VP

4/23/01

(305) 446-4499

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

Date

Daytime Phone #

FILED

01 APR 30 PM 4: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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