

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90188 036 \*\*\*\*50.00

**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 Address

**1401 PONCE DE LEON BLVD  
 SUITE 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**

Country

Zip

**33149**

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

**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  
**MGRM  
 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  
 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 #

CR2E083 (9/01)