

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04004

1. Entity Name

COUNTRYSIDE VILLAGE CONDOMINIUM "2" ASSOCIATION,

Principal Place of Business

19055 N.W. 62 AVENUE
HIALEAH FL 33015

Mailing Address

C/O SPM GROUP, INC.
2151 LE JEUNE ROAD, SUITE 305
CORAL GABLES FL 33134-4200

2. Principal Place of Business

2500 NW 97 AVE.

Suite, Apt. #, etc.
SUITE 200

City & State
MIAMI, FL

Zip
33172

Country
USA

3. Mailing Address

2500 NW 97 AVE.

Suite, Apt. #, etc.

SUITE 200

City & State
MIAMI, FL

Zip
33172

Country
USA

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90005 021 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2431878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~YABLING, ARNOLD~~
699 S FEDERAL HWY
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name: Arnold Yablin, P.A.

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 \$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 PD
NAME ROTELLA, GUSTAVO ☐ Delete
STREET ADDRESS 19055 NW 62ND AVE #207
CITY-ST-ZIP MIAMI FL 33015

TITLE VD
NAME ESTRELLA, CARLOS ☐ Delete
STREET ADDRESS 19055 N.W. 62 #210
CITY-ST-ZIP MIAMI FL 33015

TITLE TSD
NAME HANKS, SHIRLEY ☐ Delete
STREET ADDRESS 19055 N.W. 62 AVE. #107
CITY-ST-ZIP MIAMI FL 33015

TITLE SD ☒ Delete
NAME EPPINGER, ARTYE
STREET ADDRESS 19655 N.W. 62 AVE. #107
CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE SD ☒ Change ☐ Addition
NAME ESTRELLA, CARLOS
STREET ADDRESS 19055 NW 62 AVE # 210
CITY-ST-ZIP MIAMI, FL 33015

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah Dawes

4/4/00

9543859980

Date

Daytime Phone #

CR2E037 (9/99)