

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90761 001 ***612.50

DOCUMENT # N04300

1. Entity Name

COUNTRYSIDE VILLAGE CONDOMINIUM "3" ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2500 N.W. 97TH AVENUE
 #200
 MIAMI FL 33166

2500 N.W. 97TH AVENUE
 #200
 MIAMI FL 33166

2. Principal Place of Business

27553 S. DIXIE HWY

3. Mailing Address

27553 S. DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

59-2431879

Applied For

Not Applicable

Zip

33032

Country

USA

Zip

33032

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTUNDO, EDUARDO
 2500 N.W. 97TH AVENUE
 #200
 MIAMI FL 33172

Name

MILAGROS FERNANDEZ

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

27553 S. DIXIE HWY

City

MIAMI

FL

Zip Code

33032

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
 NAME D
 STREET ADDRESS FUNDORA, JOSE L
 CITY-ST-ZIP 18995 N.W. 62ND AVE., APT. 202
 MIAMI FL 33015

TITLE ☐ Change ☒ Addition
 NAME PD
 STREET ADDRESS SHARON POWELL
 CITY-ST-ZIP 19055 NW 62 AVE #104
 MIAMI, FL 33015

TITLE ☒ Delete
 NAME D
 STREET ADDRESS MUNOZ, EDUARDO M
 CITY-ST-ZIP 18995 N.W. 62ND AVE., APT. 201
 MIAMI FL 33015

TITLE ☐ Change ☒ Addition
 NAME VPD
 STREET ADDRESS THECIA DEL TORO
 CITY-ST-ZIP 18725 NW 62 AVE #201
 MIAMI, FL 33015

TITLE ☒ Delete
 NAME D
 STREET ADDRESS MURCH, DIANE
 CITY-ST-ZIP 18995 N.W. 62ND AVE., APT. 106
 MIAMI FL 33015

TITLE ☐ Change ☐ Addition
 NAME TSD
 STREET ADDRESS CAROLYN WALTERS
 CITY-ST-ZIP 19025 NW 62 AVE #104
 MIAMI, FL 33015

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 REQUIRED

4-19-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)