2001 UNIFORM BUSINESS REPORT (UBR)

Jul 31, 2001 8:00 am **DOCUMENT # N07648 Secretary of State** 1. Entity Name 07-31-2001 90232 031 ****61.25 COUNTRYSIDE VILLAGE CONDOMINIUM " 6 " ASSOCIATIO Principal Place of Business Mailing Address 2500 NW 97 AVE 2500 NW 97 AVE STE 200 STE 200 MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For O 4. FE! Number 59-2564876 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YABLIN, ARNOLD-१०० 699'S FEDERAL HWY HOLLYWOOD FL 33020 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 e of registered agent and title if applicable 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Change TITLE SUAREZ MIRTA R NAME FERNANDEZ, MARIANA NAME 18935 NW 62 NO AUE #104 STREET ADDRESS STREET ADDRESS 18935 N.W. 62ND AVE. #104 MIAMI FLA 33015 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 ONEPRIENKO, MERCEDE Change Addition 18935 NW 62 NO AUE # 203 TITLE TITLE Qelete PICCOLO, DARYL NAME NAME STREET ADDRESS 18935 N.W. 62ND AVE.#204 STREET ADDRESS FLA 33015 CITY-ST-ZIP C!TY-ST-ZIP MIAMI FL. TITLE חפ ☐ Delete TITLE ☐ Change ☐ Addition ROJAS, MANUEL NAME NAME STREET ADDRESS 18935 NW 62 AVE #201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33015** ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of MIRTA R.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

QUIRED SUARE 2

Delete

JULY 25 2001

620-7720

☐ Change

■ Addition

FILED

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