

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07650

1. Entity Name

COUNTRYSIDE VILLAGE CONDOMINIUM " 5 " ASSOCIATIO

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

04-12-2000 90005 019 ****61.25

Principal Place of Business

Mailing Address

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

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

3. Mailing Address

2500 NW 97 AVE

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number

59-2564848

Applied For

Not Applicable

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

~~YABLON & SCHNEIDER, P.A.~~
699 SOUTH FEDERAL HWY
HOLLYWOOD FL 33020

Name

Arnold Yablin, P.A.

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

699 So Federal Highway

Hollywood, FL

City

FL

Zip Code

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

Arnold Yablin, P.A.

ARNOLD YABLON, P.A.

2-8-00

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 PD
NAME GARIB, DAVID ☐ Delete
STREET ADDRESS 19025 N.W. 62ND AVE. #202
CITY-ST-ZIP MIAMI FL 33015

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

TITLE TD
NAME HARRIS, SONIA ☐ Delete
STREET ADDRESS 19025 N.W. 62ND AVE. #201
CITY-ST-ZIP MIAMI FL 33015

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

TITLE SD
NAME GARCIA, JESUS ☒ Delete
STREET ADDRESS 19025 N.W. 62ND AVE. #204
CITY-ST-ZIP MIAMI FL 33015

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME WALTERS, CAROLYN ☐ Change ☒ Addition
STREET ADDRESS 19025 NW 62 AVE #204
CITY-ST-ZIP 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

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

Date

Daytime Phone #

954.385-
9980

CR2E037 (9/99)