

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90761 001 \*\*\*612.50

**DOCUMENT # N07650**

1. Entity Name  
**COUNTRYSIDE VILLAGE CONDOMINIUM " 5 " ASSOCIATIO  
 N, INC.**

Principal Place of Business      Mailing Address  
**2500 NW 97 AVENUE**      **2500 NW 97 AVENUE**  
**SUITE 200**      **SUITE 200**  
**MIAMI FL 33172**      **MIAMI FL 33172**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**27553 S. DIXIE HWY**  
 Suite, Apt. #, etc.

3. Mailing Address  
**27553 S. DIXIE HWY**  
 Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33032**

Country  
**USA**

Zip  
**33032**

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  
**ROTUNDO, EDUARDO**  
**2500 NW 97AVE #200**  
**MIAMI FL 33172**

7. Name and Address of New Registered Agent  
 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]* **MILAGROS FERNANDEZ** 1/1/02  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GARIB, DAVID 19025 N.W. 62ND AVE. #202 MIAMI FL 33015</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HARRIS, SONIA 19025 N.W. 62ND AVE. #201 MIAMI FL 33015</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD WALTERS, CAROLYN 19025 NW 62 AVENUE #104 HIALEAH FL 33015</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SHARON POWELL 19055 NW 62 AVE #104 MIAMI FL 33015</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD THECIA DEL TORO 18125 NW 62 AVE #201 MIAMI FL 33015</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **DATE REQUIRED**      **4-19-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)