

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13569

1. Entity Name

COUNTRYSIDE VILLAGE CONDOMINIUM "9" ASSOCIATION.

Principal Place of Business

2151 LE JEUNE RD
#305
CORAL GABLES FL 33134

Mailing Address

SPM GROUP INC.
2151 LE JEUNE RD S#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

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)

699 So. FEDERAL Highway

City

HOLLYWOOD

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

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	<input type="checkbox"/> Delete
NAME	ACUAZZO, DENICE	
STREET ADDRESS	18845 NW 62 AVE #105	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CALERO, ADRIANA	
STREET ADDRESS	18845 NW 62 AVE #108	
CITY-ST-ZIP	MIAMI FL	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	BORGES, JASMINE	
STREET ADDRESS	18845 NW 62 AVE #205	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARULANDA, HERNANDO + MAGNOLIA	
STREET ADDRESS	18845 NW 62 AVE #201	
CITY-ST-ZIP	MIAMI FL 33015.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Deborah Dawes 4/4/00 954 385 9980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

04-12-2000 90005 016 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2802093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)