

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14630

1. Entity Name

COUNTRYSIDE VILLAGE CONDOMINIUM "13" ASSOCIATION

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

04-12-2000 90005 015 \*\*\*\*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

4. FEI Number

59-2725775

Applied For

Not Applicable

Zip

33172

Country

USA

Zip

33172

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

SCHNEID, YABLING PA  
699 S FEDERAL HWY  
HOLLYWOOD FL 33020

Name

Arnold Yablin, P.A.

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

City

FL

Zip Code

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 PD ☐ Delete  
NAME SOTO, CARLOS O  
STREET ADDRESS 18785 NW 62 AVE #206  
CITY-ST-ZIP MIAMI FL 33015-5029

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

TITLE TD ☒ Delete  
NAME PEREZ, LORNA  
STREET ADDRESS 18785 NW 62ND AVENUE #201  
CITY-ST-ZIP MIAMI FL 33015

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

TITLE ST ☐ Delete  
NAME VEGA, ALICIA  
STREET ADDRESS 18785 NW 62ND AVENUE #201  
CITY-ST-ZIP MIAMI FL 33015

TITLE TD ☒ Change ☐ Addition  
NAME Vega, Alicia  
STREET ADDRESS 18785 NW 62 Ave., #201  
CITY-ST-ZIP MIAMI, FL 33015

TITLE ST ☐ Delete  
NAME N  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Change ☒ Addition  
NAME Nuñez, Eloina/Merlan  
STREET ADDRESS 18785 NW 62 Ave., # 108  
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

Date

Daytime Phone #

Deborah Dawes 4/4/00 954 385 9980

CR2E037 (9/99)