

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14630

1. Entity Name

COUNTRYSIDE VILLAGE CONDOMINIUM "13" ASSOCIATION

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90143 042 \*\*\*\*\*61.25

00-3063

Principal Place of Business

2500 NW 97 AVE  
STE 200  
MIAMI FL 33172  
US

Mailing Address

2500 NW 97 AVE  
STE 200  
MIAMI FL 33172  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2725775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

~~YABLIN, ARNOED~~  
~~699 S FEDERAL HWY~~  
~~HOLLYWOOD FL 33020~~

7. Name and Address of New Registered Agent

Name

**EDUARDO ROTUNDO**

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

**2500 NW 97 Ave #200**

City

**Miami**

FL

Zip Code

**33172**

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

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

TITLE ST  
NAME NUNEZ, ELONIA M ☐ Delete  
STREET ADDRESS 18785 NW 62 AVE #108  
CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

**CARLOS SOTO**

**CARLOS SOTO**

**APRIL 16 2001**

**305  
863-4778**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)