

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90098 002 ****61.25

0059520

DOCUMENT # N19000

1. Entity Name

CUERVO VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9649 WILSKY BLVD. VILLA #2 TAMPA FL 33615	9649 WILSKY BLVD. VILLA #2 TAMPA FL 33615

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2791983	Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEINSCHMIDT, JUSTA
9649 WILSKY BLVD.
#1
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name

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 _____ (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	☐ Delete
NAME	KLEINSCHMIDT, KARL	
STREET ADDRESS	9649 WILSKY BLVD., #1	no change
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	STD	☐ Delete
NAME	CASANEUVA, OLGA	
STREET ADDRESS	9649 WILSKY BLVD., #2	no change
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	VD	☐ Delete
NAME	HENRIQUEZ, CECIL	
STREET ADDRESS	9649 WILSKY BLVD. #3	no change
CITY-ST-ZIP	TAMPA FL 33615	
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	
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: OLGA CASANEUVA 08-01 (813) 884-1105

CR2E037 (10/00)