

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28846

1. Entity Name

COUNTRYSIDE VILLAGE CONDOMINIUM 4 ASSOCIATION, I

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

04-12-2000 90005 020 ****61.25

Principal Place of Business

C/O SPM GROUP, INC.
2151 LEJUENE ROAD, SUITE 305
CORAL GABLES FL 33134

Mailing Address

C/O SPM GROUP, INC.
2151 LEJUENE ROAD, SUITE 305
CORAL GABLES FL 33134

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

4. FEI Number

65-0125421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~YABLING & SCHNEID PA~~
~~600 SOUTH 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

Arnold Yablin, P.A. ARNOLD YABLIN, P.A.

2-8-00

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	PD HERNANDEZ, JUAN 18905 N W 62ND AVE #210 MIAMI FL 33015	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ESCOBAR, PEDRO 18905 NW 62 AVE #201 MIAMI FL 33015	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALDEZ, WILLIAM 18905 NW 62ND AVE #102 MIAMI FL 33015	<input checked="" 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		<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRINSON, ANGELA 18905 NW 62 AVE, # 103 MIAMI, FL 33015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAILLEFER, FRANCISCO 18905 NW 62 AVE # 202 MIAMI, FL 33015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIVERA, BEATRIZ 18905 NW 62 AVE # 203 MIAMI, FL 33015	<input type="checkbox"/> Change <input checked="" 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:

Deborah Dawes DEBORAH DAWES

Date

Daytime Phone #

CR2E037 (9/99)