

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90262 021 ****61.25

DOCUMENT # N28846

1. Entity Name

COUNTRYSIDE VILLAGE CONDOMINIUM 4 ASSOCIATION, I

Principal Place of Business

2500 NW 97 AVE
 SUITE 200
 MIAMI FL 33172
 US

Mailing Address

2500 NW 97 AVE
 SUITE 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

65-0125421

Applied For

Not Applicable

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

YABLIN, ARNOLD P.A.
690 SO FEDERAL HIGHWAY
HOLLYWOOD FL 33020

Name

EDUARDO ROTUNDO

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

2500 NW 97th 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
BRINSON, ANGELA
18905 NW 62 AVE, #103
MIAMI FL 33015 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
~~XXXXXXXXXX~~ **S.D.**
HERNANDEZ, JUAN
18905 NW 62 AVE #201
MIAMI FLA 33015 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
TAILLEFER, FRANCISCO
18905 NW 62 AVE #202
MIAMI FL 33015 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TD
RIVERA, BEATRIZ
18905 NW 62 AVE #203
MIAMI FL 33015 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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☐ Delete

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

APRIL 24 2001

SIGNATURE:

HERNANDEZ

305-323-7909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)