

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90761 001 \*\*\*612.50

**DOCUMENT # N28846**

1. Entity Name

**COUNTRYSIDE VILLAGE CONDOMINIUM 4 ASSOCIATION, I  
NC.**

Principal Place of Business

Mailing Address

2500 NW 97 AVE  
SUITE 200  
MIAMI FL 33172  
US

2500 NW 97 AVE  
SUITE 200  
MIAMI FL 33172  
US

2. Principal Place of Business

**27553 S. DIXIE HWY**

3. Mailing Address

**27553 S. DIXIE HWY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**65-0125421**

Applied For

Not Applicable

Zip

**33032**

Country

**USA**

Zip

**33032**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROTUNDO, EDUARDO  
2500 NW 97TH AVE #200  
MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name

**MILAGROS FERNANDEZ**

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

**27553 S. DIXIE HWY**

City

**MIAMI**

FL

Zip Code

**33032**

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

**4/20/02**

**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 **SD** ☒ Delete  
NAME **HERNANDEZ, JUAN**  
STREET ADDRESS **18905 NW 62 AVE #201**  
CITY-ST-ZIP **MIAMI FL 33015**

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

TITLE **TD** ☒ Delete  
NAME **RIVERA, BEATRIZ**  
STREET ADDRESS **18905 NW 62 AVE #203**  
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 **PD** ☐ Change ☒ Addition  
NAME **SHARON POWELL**  
STREET ADDRESS **19055 NW 62 AVE #104**  
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **THECIA DEL TORO**  
STREET ADDRESS **18725 NW 62 AVE #201**  
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Carolyn Walters**  
STREET ADDRESS **19025 NW 62 Ave #104**  
CITY-ST-ZIP **Hialeah, FL 33015**

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-1902**

CR2E037 (9/01)