

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90062 006 ****61.25

DOCUMENT # N30611

1. Entity Name

LA BELLA NINA CONDOMINIUM ASSOC. INC.

Principal Place of Business

Mailing Address

12904 N.W. 104TH AVE
 HIALEAH GARDENS FL 33016

12904 N.W. 104TH AVE
 HIALEAH GARDENS FL 33016

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

65-0172610

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

LAVERNIA, MANNY
12904 N.W. 104TH AVE
HIALEAH GARDENS FL 33018

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

After September 12, 2001, min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	LAVERNIA, MANNY	
STREET ADDRESS	12904 N.W. 104TH AVE	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAVERNIA, EUGENIA	
STREET ADDRESS	12904 N.W. 104TH AVE	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARCIA, ANGEL	
STREET ADDRESS	12904 N.W. 104TH AVE	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GARCIA, ROSA	
STREET ADDRESS	12904 N.W. 104TH AVE	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Eugenia M. Lavernia
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-01
 Date

305 556-6933
 Daytime Phone #

CR2E037 (5/01)