

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30611

1. Entity Name

LA BELLA NINA CONDOMINIUM ASSOC. INC.

Principal Place of Business

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

Mailing Address

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

6. Name and Address of Current Registered Agent

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

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

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

TITLE PD
NAME LAVERNIA, MANNY
STREET ADDRESS 12904 N.W. 104TH AVE
CITY-ST-ZIP HIALEAH GARDENS FL 33018 ☐ Delete

TITLE PD
NAME LAVERNIA, EUGENIA
STREET ADDRESS 12904 N.W. 104TH AVE
CITY-ST-ZIP HIALEAH GARDENS FL 33018 ☐ Delete

TITLE VD
NAME GARCIA, ANGEL
STREET ADDRESS 12904 N.W. 104TH AVE
CITY-ST-ZIP HIALEAH GARDENS FL 33018 ☐ Delete

TITLE TD
NAME GARCIA, ROSA
STREET ADDRESS 12904 N.W. 104TH AVE
CITY-ST-ZIP HIALEAH GARDENS FL 33018 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)

Eugenia M. Lavernia 305
9-5-01 556-6933