

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90295 013 ****61.25

DOCUMENT # N49476

1. Entity Name

TRINITARIA RESIDENCES HOMEOWNERS ASSOCIATION, IN

Principal Place of Business

415 N HIBISCUS DR #A
MIAMI BEACH FL 33139
US

Mailing Address

415 N HIBISCUS DR #A
MIAMI BEACH FL 33139
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

65-0423754

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

Steve J. Evans
CARNESELLA, CATHRYN
415 N HIBISCUS DR
UNIT #A
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name Steve J. Evans

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

415 N. Hibiscus Dr. #A

City Miami Beach

FL

Zip Code 33139

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

TITLE D ☐ Delete
NAME CARNESELLA, CATHRYN
STREET ADDRESS 415 N HIBISCUS DR
CITY-ST-ZIP MIAMI BCH FL 33139

TITLE D ☒ Delete
NAME VIERA, JAMES
STREET ADDRESS 415 N HIBISCUS DR
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D ☒ Delete
NAME ACOSTA, ANGEL
STREET ADDRESS 415 N HIBISCUS DR
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE PSTD ☐ Delete
NAME EVANS, STEVE J
STREET ADDRESS 415 N HIBISCUS DR
CITY-ST-ZIP MIAMI BCH FL 33139

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

TITLE D ☐ Change ☒ Addition
NAME Trevor Compton
STREET ADDRESS 415 N. Hibiscus Dr. #D
CITY-ST-ZIP Miami Beach, FL 33139

TITLE D ☐ Change ☒ Addition
NAME Francisco Petringuic Rodriguez
STREET ADDRESS 415 N. Hibiscus Dr. #C
CITY-ST-ZIP Miami Beach, FL 33139

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

1-29-01

Date

305-798-7419

Daytime Phone #

CR2E037 (10/00)