2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400001463

CHA **ATIO**



FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90530 021 ****70.00

CHATEAUBLEAU VILLAS AT MIC ATION, INC.	OWAY CONDOMINIUM ASSOCI		
Principal Place of Business	Mailing Address		
COURTESY PROP. MGMT.	COURTESY PROP. MGMT.		
13250 SW 135TH AVE.	13250 SW 135TH AVE.		

COURTESY PI 13250 SW 133 MIAMI FL 331	5TH AVE.	13250	ESY PROP. MGMT. SW 135TH AVE. FL 33186			! IAB/IIAI A/A I	DJA 9021 PRIN 4001 8911 602	N ana lskak dia le i	e nd e han h e a		
2. Principal f	Place of Business	3. Mailing Address									
Suite, Apt	site, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
			City & State			4. FEI Number 6	4. FEI Number 65-0628236 Applied For Not Applicable				
			ip Cour		5. Certificate of State		\$9.75 Additional				
	6. Name and Address of Current	t Registere	d Agent		,	7. Name and Add	ress of New Registere				
	المالية المعالمة الم	•	.2-3	:	Name.	ess on way a same of the		-			
SKRLD, I					Street Address (P.O. Box Number is Not Acceptable)						
	AMBRA CIRCLE				Sileei	ess (F.O. BOX Number is t	(F.O. Box Number is Not Acceptable)				
STE. 110											
CORAL	GABLES FL 33134				City		· F	Zip Cod	de		
8. The above the obligate SIGNATURE	named entity submits this statement for tions of registered agent.	or the purpo	se of changing its	registere	ed office or rec	gistered agent, or both, in	the State of Florida. La	m familiar with,	, and accept		
0.0,0,0,0	Signature, typed or printed name of registered agent	t and title if appli	cable. (NOTE	: Registered	l Agent signature re	equired when reinstating)	DAT	E			
FILE NOW: FEE IS \$61.25 9. Election Campaign Trust Fund Contribu					\$5.00 May Be Added to Fees	Make Cho Florida Dep	eck Payable eartment of				
10.	OFFICERS AND DI	RECTORS	,	11.		ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	V 10		
TITLE	PD		☐ Delete	TITLE				Change	Addition		
NAME	SUAREZ, MERCEDES			NAME	:						
STREET ADDRESS	531 NW 82 AVE #613				T ADDRESS				13		
CITY-ST-ZIP	MIAMI FL 33126	•••	,,,,,	CITY-	ST-ZIP				;		
TITLE	PODDICUEZ OCCAD		☐ Delete	TITLE	l l			Change	☐ Addition ☐		
NAME STREET ADDRESS	RODRIGUEZ, OSCAR 651 NW 82ND AVENUE #102			NAME					{`		
CITY-ST-ZIP	MIAMI FL 33126				T ADDRESS ST-ZIP						
***	SD			1							
TITLE NAME	REYES, ALICIA		☐ Delete —	TITLE NAME		 , -		Change	☐ Addition		
STREET ADDRESS	511 NW 82ND AVENUE, #416				T ADDRESS						
CITY-ST-ZIP	MIAMI FL 33126				ST-ZIP						
TITLE			☐ Delete	TITLE	-			☐ Change	Addition		
NAME	•			NAME	I			Ontarige	Addition		
STREET ADDRESS				STREE	T ADDRESS				}		
CITY-ST-ZIP				CITY-	ST-ZIP				[
TITLE		_	☐ Delete	TITLE				Change	Addition		
NAME				NAME	i			223 01121190			
STREET ADDRESS				STREE	T ADDRESS						
CITY-ST-ZIP				CITY-	ST-ZIP						
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition		
NAME				NAME				_ v .	-		
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP				CITY-	ST-ZIP						
12. Thereby o	ertify that the information supplied with	this filing d	one not qualify for t	the even	ontion etated i	n Section 110 07/2\/i\ Ele	ride Ctatutan I further a	and for the state of the state			

of 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