

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006595

1. Entity Name

MARTIN FINE VILLAS RESIDENT ASSOCIATION INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90194 048 ****70.00

Principal Place of Business	Mailing Address
1301 NW 7TH ST #303 MIAMI FL 33125 US	1301 NW 7TH ST #303 MIAMI FL 33125-3714 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0787794	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SONIA, SUAREZ 1301 NW 7TH ST. #304 MIAMI FL 33125	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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	SUAREZ, SONIA	NAME	
STREET ADDRESS	1301 N.W. 7TH STREET, #304	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	MORALES, ELSA	NAME	OMAR ROMERO
STREET ADDRESS	1301 NW 7TH ST #313	STREET ADDRESS	1301 NW 7TH ST # 302
CITY-ST-ZIP	MIAMI FL 33125	CITY-ST-ZIP	MIAMI FL 33125
TITLE	VPD	TITLE	
NAME	GUEVARA, JUANA MARIA	NAME	
STREET ADDRESS	1301 NW 7TH ST. #205	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	PEREZ, GERVASIO	NAME	
STREET ADDRESS	1301 N.W. 7TH STREET, #109	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 02/22/00 (305) 642-9206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)