

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 18, 2001 8:00 am
Secretary of State

04-24-2001 90310 024 ****70.00

DOCUMENT # N97000006595

1. Entity Name

MARTIN FINE VILLAS RESIDENT ASSOCIATION INC.

Principal Place of Business

1301 NW 7TH ST
 #303
 MIAMI FL 33125
 US

Mailing Address

1301 NW 7TH ST
 #303
 MIAMI FL 33125
 US

2. Principal Place of Business

Martin Fine

Suite, Apt. #, etc.

1301 N.W. 7th St. #303

City & State

Miami, Florida

Zip

33125

Country

USA

3. Mailing Address

1301 N.W. 7th St

Suite, Apt. #, etc.

#303

City & State

Miami, Florida

Zip

33125

Country

USA

4. FEI Number

65-0787794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SONIA, SUAREZ
1301 NW 7TH ST. #304
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

SONIA SUAREZ

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

1301 N.W. 7TH ST. #304

City

MIAMI, FLORIDA

FL

Zip Code

33125

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 | PD | <input type="checkbox"/> Delete |
| NAME | SUAREZ, SONIA | |
| STREET ADDRESS | 1301 N.W. 7TH STREET, #304 | |
| CITY-ST-ZIP | MIAMI FL 33125 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | ROMERO, OMAR | |
| STREET ADDRESS | 1301 NW 7TH ST #313 | |
| CITY-ST-ZIP | MIAMI FL 33125 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | GUEVARA, JUANA MARIA | |
| STREET ADDRESS | 1301 NW 7TH ST. #205 | |
| CITY-ST-ZIP | MIAMI FL 33125 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | PEREZ, GERVASIO | |
| STREET ADDRESS | 1301 N.W. 7TH STREET, #109 | |
| CITY-ST-ZIP | MIAMI FL 33125 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Dausa Rosalia | |
| STREET ADDRESS | 1301 N.W. 7Th St #214 | |
| CITY-ST-ZIP | Miami, Florida. 33125 | |
| TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Vicente-Bienvenido | |
| STREET ADDRESS | 1301 N.W. Th St. #204 | |
| CITY-ST-ZIP | Miami, Florida. 33125 | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CORTES ROSARIO | |
| STREET ADDRESS | 1301 N.W. Th St. #213 | |
| CITY-ST-ZIP | Miami, Florida. 33125 | |
| 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-01 305-642-9206

Date

Daytime Phone #

CR2E037 (10/00)