

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90154 050 ****70.00

DOCUMENT # N97000006595

1. Entity Name

MARTIN FINE VILLAS RESIDENT ASSOCIATION INC.



Principal Place of Business

MARTIN FINE VILLAS
1301 NW 7TH ST. #303
MIAMI FL 33125
US

Mailing Address

MARTIN FINE
1301 NW 7TH ST. #303
MIAMI FL 33125
US

2. Principal Place of Business

MARTIN FINE VILLAS

3. Mailing Address

1301 N.W. 7TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1301 NW. 7TH ST. #303

303

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

Country

Zip

Country

33125

USA

33125

USA

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. 7ST. #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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SUAREZ, SONIA**
STREET ADDRESS **1301 N.W. 7TH STREET, #304**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE **TD** ☐ Delete
NAME **ROSALIA, DAUSA**
STREET ADDRESS **1301 NW 7TH ST #214**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE **VPD** ☐ Delete
NAME **BIENVENIDO, VICENTE**
STREET ADDRESS **1301 NW 7TH ST #204**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE **SD** ☐ Delete
NAME **ROSARIO, CASTRILLON**
STREET ADDRESS **1301 NW 7TH ST #201**
CITY-ST-ZIP **MIAMI FL 33125**

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

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

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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**

4/15/03

305-640-9206

CR2E037 (10/02)