

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90533 013 ****61.25

DOCUMENT # N99000002692

1. Entity Name

COSTA BRAVA ASSOCIATION, INC.

Principal Place of Business

**4444 SW 71ST AVE. SUITE 107
 MIAMI FL 33155**

Mailing Address

**4444 SW 71ST AVE. SUITE 107
 MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

300 Aragon Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 205

City & State

City & State

Coral Gables, FL

Zip

Country

Zip

Country

33134

Miami Dade

4. FEI Number

65-0922382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAINZOS, ROGELIO
 C/O GABLES PROFESSIONAL REALTY INC
 300 ARAGON AVE STE 205
 CORAL GABLES FL 33134**

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. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
 NAME **RABELL, LUIS**
 STREET ADDRESS **7270 NW 12 ST STE 410**
 CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE **DT** ☒ Delete
 NAME **DE LA FUENTE, EMILIANO**
 STREET ADDRESS **7270 NW 12 ST STE 410**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **DT** ☒ Change ☐ Addition
 NAME **Norris, Wayne**
 STREET ADDRESS **7270 NW 12 St Ste. 410**
 CITY-ST-ZIP **Miami, FL 33126**

TITLE **DS** ☐ Delete
 NAME **ALBA-REILLY, KEYLA**
 STREET ADDRESS **7270 NW 12 ST STE 410**
 CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)