

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000084089

1. Entity Name
BELLA HOMES 760 GLENRIDGE DR. CORP.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90109 020 ***150.00

Principal Place of Business
**1401 PONCE DE LEON BLVD SUITE 402
CORAL GABLES FL 33134**

Mailing Address
**1401 PONCE DE LEON BLVD SUITE 402
CORAL GABLES FL 33134**

00000031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1042003		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent AGUIRRE, FRANCIS 1401 PONCE DE LEON BLVD SUITE 402 CORAL GABLES FL 33134				7. Name and Address of New Registered Agent Name Sofia Powell-Cosio Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Avenue, Suite 200 City Miami FL Zip Code 33131			
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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 *Sofia Powell-Cosio* (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input checked="" type="checkbox"/> Delete NAME AGUIRRE, FRANCIS STREET ADDRESS 1401 PONCE DE LEON BLVD SUITE 402 CITY-ST-ZIP CORAL GABLES FL 33134		TITLE DPT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Jaime Febres Cordero STREET ADDRESS 1401 Ponce De Leon Boulevard, Suite 402 CITY-ST-ZIP Coral Gables, Florida 33134	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE VPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Eduardo Gomez STREET ADDRESS 1401 Ponce De Leon Boulevard, Suite 402 CITY-ST-ZIP Coral Gables, Florida 33134	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eduardo Gomez* **Eduardo Gomez, VP** 4/23/01 (305) 446-4499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)