

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90042 026 ***150.00

DOCUMENT # P00000084089

1. Entity Name

BELLA HOMES 760 GLENRIDGE DR. CORP.

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**

2. Principal Place of Business

104 Crandon Blvd
 Suite, Apt. #, etc.
312

3. Mailing Address

104 Crandon Blvd
 Suite, Apt. #, etc.
312

City & State

Key Biscayne Fl

City & State

Key Biscayne Fl

Zip

33149

Country

Zip

33149

Country

4. FEI Number

65-1042003

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

POWELL-COSIO, SOFIA

**1390 BRICKELL AVENUE, SUITE 200
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
 NAME **CORDERO, JAIME F**
 STREET ADDRESS **1401 PONCE DE LEON BLVD SUITE 402**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VPS** ☐ Delete
 NAME **GOMEZ, EDUARDO**
 STREET ADDRESS **1401 PONCE DE LEON BOULEVARD, SUITE 402**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **104 Crandon Blvd 312**
 CITY-ST-ZIP **Key Biscayne Fl 33149**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **104 Crandon Blvd 312**
 CITY-ST-ZIP **Key Biscayne Fl 33149**

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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)