

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000084210

1. Entity Name
BELLA HOMES 580 HARBOR DR. CORP.

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

05-09-2002 90039 046 ***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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1042006

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

POWELL-COSIO, SOFIA
1390 BRICKELL AVE
SUITE 200
MIAMI FL 33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
NAME CORDERO, JAIME F
STREET ADDRESS 1401 PONCE DE LEON BLVD STE 402
CITY-ST-ZIP MIAMI FL 33134 ☐ Delete

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

TITLE VPS
NAME GOMEZ, EDUARDO
STREET ADDRESS 1401 PONCE DE LEON BLVD
CITY-ST-ZIP MIAMI FL 33134 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)