

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90052 002 ***150.00

DOCUMENT # P00000107245

1. Entity Name
COUNTRY HILL CORPORATION

Principal Place of Business
145 MADEIRA AVE. STE 310
CORAL GABLES FL 33134

Mailing Address
145 MADEIRA AVE. STE 310
CORAL GABLES FL 33134

2. Principal Place of Business
16031 Rustic Road
 Suite, Apt. #, etc.

3. Mailing Address
16031 Rustic Road
 Suite, Apt. #, etc.

City & State
Loxahatchee FL

City & State
Loxahatchee FL

4. FEI Number
65-1056595

Applied For
 Not Applicable

Zip
33470 Country
Palm beach.

Zip
33470 Country
Palm beach.

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

SANCHEZ DE VARONA, RAUL J
145 MADEIRA AVE, STE 310
CORAL GABLES FL 33134

Name **Andres Ospina**
 Street Address (P.O. Box Number is Not Acceptable)

16031 Rustic Road
 City **Loxahatchee** **FL** Zip Code **33470**

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 **Andres Ospina**

(NOTE: Registered Agent signature required when reinstating)

03-15-2002
 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 NAME STREET ADDRESS CITY-ST-ZIP	D OSPINA MASSMANN, ANDRES 145 MADEIRA AVE, STE 310 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: **Andres Ospina**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-2002
 Date

561-7811959
 Daytime Phone #

CR2E034 (9/01)