

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739698

1. Entity Name

COSTA BELLA ASSOCIATION, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90074 025 \*\*\*\*61.25

Principal Place of Business <b>BRICKELL BAY DRIVE</b> 1450 S. BAYSHORE DRIVE MIAMI FL 33131-3612 <b>US</b>	Mailing Address 1450 BRICKEL BAY DR OFFICE MIAMI FL 33131-3617 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1754406</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SKILD INC**  
**201 ALHAMBRA CIRCLE**  
**SUITE 1102**  
**CORAL GABLES FL 33134**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW:</b> FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete
NAME	<b>CABALLERO, GLORIA</b>
STREET ADDRESS	<b>1450 BRICKEL BAY DR #1107</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>EARL, BRENDA L</b>
STREET ADDRESS	<b>1450 BRICKEL BAY DR #1212</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PERZER, MANUEL</b>
STREET ADDRESS	<b>1450 BRICKEL BAY DR 912</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>DP</b> <input type="checkbox"/> Delete
NAME	<b>PEREZ, JOAQUIN</b>
STREET ADDRESS	<b>1450 BRICKEL BAY DR #2003</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> Delete
NAME	<b>VALCARCE, ARMANDO L</b>
STREET ADDRESS	<b>1450 BRICKEL BAY DR #1610</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LIANE MARTINEZ</b>
STREET ADDRESS	<b>1450 BRICKEL BAY DRIVE #1410</b>
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRISelda GERRA</b>
STREET ADDRESS	<b>1450 BRICKEL BAY DRIVE #1412</b>
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 reports 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 line empowered.

SIGNATURE: **SIGNATURE REQUIRED** *1-11-2000 (305) 3733100*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **131**

CR2E037 (9/99)