

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90012 022 ****69.90

DOCUMENT # 751028
 1. Entity Name
THE CORVETTE CONDOMONIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
7440 BYRON AVE. **7440 BYRON AVE.**
MIAMI BEACH FL 33141 **MIAMI BEACH FL 33141-2698**



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 Zip Country

4. FEI Number Applied For
59-2179160 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE-LUIZ, ORLANDO
1615 WEST AVE.
APT 302
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **Mrs. Rosey Chehebar**
 Street Address (R.F. Box Number is Not Acceptable) **7440 Byron Ave 11B**
Apt. 11B
 City **Miami Beach** State **FL** Zip **33141**

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]* Treasurer DATE 4/1/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | RABAH, CHRISTINE | |
| STREET ADDRESS | 7430 BYRON AVE., 10A | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MATORCEVIC, NEVENKA | |
| STREET ADDRESS | 7430 BYRON AVE., 5-B | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | DE-LUIZ, ORLANDO | |
| STREET ADDRESS | 7430 BYRON AVE., 7-A | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | ARBELAEZ, MATILDA | |
| STREET ADDRESS | 7440 BYRON AVE., 7-B | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141 | |
| TITLE | CD | <input checked="" type="checkbox"/> Delete |
| NAME | SORIANO, GLORIA | |
| STREET ADDRESS | 7440 BYRON AVE., 9-B | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|---|
| TITLE | PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Mrs. Rosey Chehebar | |
| STREET ADDRESS | 7440 Byron Ave 11B | |
| CITY-ST-ZIP | Miami Beach, Fl. 33141 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Lisa Dadds | |
| STREET ADDRESS | 7440 Byron Ave. 10B | |
| CITY-ST-ZIP | Miami Beach, Fl. 33141 | |
| 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 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 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 like empowered.

SIGNATURE: _____ **ONLINE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #