

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90045 036 \*\*\*\*66.25

**DOCUMENT # 751028**

1. Entity Name

**THE CORVETTE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7440 BYRON AVE.  
 MIAMI BEACH FL 33141

7440 BYRON AVE.  
 MIAMI BEACH FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2179160**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHEHEBER, ROSEY**  
**1440 BYRON AVENUE**  
**APT B-11**  
**MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name: **GIORGIA SORIANO**  
 Street Address (P.O. Box Number is Not Acceptable):  
**7440 BYRON AVE, B**  
 City: **MIAMI BEACH** FL Zip Code: **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

*Giorgia Soriano*

*Gene Lewis*

**4/18/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHEHEBER, ROSEY 7440 BYRON AVENUE APT. B-11 MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATORCEVIC, NEVENKA 7430 BYRON AVE., 5-B MIAMI BEACH FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DODDS, LISA 7440 BYRON AVENUE APT. B-10 MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SORIANO, GLORIA 7440 BYRON AVE., 9-B MIAMI BEACH FL 33141	<input checked="" 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	PD SUSAN FERNANDEZ 7430 BYRON AVE 17-A MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIORGIA SORIANO 7440 BYRON AVE APT 9-B MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MARIA V. MOLINARI 7430 BYRON AVE APT 10-A MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHELLE GREENBERG 7430 BYRON AVE APT 8-A MIAMI BEACH FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Giorgia Soriano*

**4/18/02 305 7896250**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)