2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State
01-24-2001 90032 041 ****61.25

DOCUMENT # 740966

1. Entity Name

PARK VILLAS HOMEOWNERS' ASSOCIATION, INC.

A0009656

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1666 WEST 57TH TER HIALEAH FL 33012 US	1666 WEST 57TH TERR. HIALEAH FL 33102 US

2. Principal Place of Business	3. Mailing Address
1666 WEST 57th TER.	1666 WEST 57th. TER
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH FLA. 33012	City & State: HIALEAH FLA.
Zip: 33012 Country: HIaleah	Zip: 33012 Country: HIALEAH

4. FEI Number 59-1893915 ☐ 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
GONZALEZ, JUAN F 1666 WEST 57TH TERRACE HIALEAH FL 33012	Name: JUAN F. GONZALEZ Street Address (P.O. Box Number is Not Acceptable): 1666 WEST 57th TER. City: HIALEAH FLORIDA FL Zip Code: 33012

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 Juan F. Gonzalez Juan F. Gonzalez JANUARY 12 2001
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 RADAMES, DIAZ 1616 W 57TH TERRACE HIALEAH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PEROVANI, OLGA L 1692 W 57TH TERRACE HIALEAH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GONZALEZ, JUAN F 1666 W 57TH TERRACE HIALEAH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (10/00)

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: SIGNATURE REQUIRED January 12 2001 (305 558 8157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #