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2002 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2002 8:00 am DOCUMENT # **740966 Secretary of State** 1. Entity Name 02-04-2002 90180 031 ****61.25 PARK VILLAS HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 1666 WEST 57TH TER 1666 WEST 57TH TERR. 80016270 HIALEAH FL 33012 HIALEAH FL 33102 (33012)us 2. Principal Place of Business 3. Mailing Address 666 Wat 57th. Ter. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FÉI Number Applied For 59-1893915 Not Applicable Hialeah Fl Zip Country Country Zip 5. Certificate of Status Desired 3012 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Juan F. Gonzalez</u> Street Address (P.O. Box Number is Not Acceptable) GONZALEZ, JUAN F 1666 WEST 57TH TERRACE HIALEAH FL 33012 Zip Code 33012 City Hialezh Fla. 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. Juan F. Gonzalez SIGNATURE _ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. \Box Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Change ☐ Addition (9/01 TITLE ☐ Delete NAME RADAMES, DIAZ NAME RADAMES DIAZ STREET ADDRESS STREET ADDRESS 1616 W 57TH TERRACE wer. CITY-ST-ZIP CITY-ST-ZIP Hialeah Fl ☐ Change ☐ Addition TITLE ☐ Delete PEROVANI, OLGA L. 1692 W. 57TBRRACE NAME perovani, olga l NAME STREET ADDRESS STREET ADDRESS 1692 W 57TH TERRACE HIALEAH FLA. 33012 CITY-ST-ZIP CITY-ST-7IP HIALEAH FL TITLE TD ☐ Delete TITLE Change ☐ Addition NAME GONZALEZ, JUAN F NAME GONZALEZ, JUAN F. STREET ADDRESS STREET ADDRESS 1666 W 57TH TERRACE 1666 W. 57TERRACE CITY-ST-ZIP CITY - ST-ZiP HIALEAH. FLA. 33012 HIALEAH FL TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 safelyegal 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 require to 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.

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