

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03.FEB.24 PM 3:36

REGISTRY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 02 00000 2426**
 1. Entity Name **VIZCAYA VILLAS CONDOMINIUM ASSOCIATION, INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **8514 NW 165 ST.**
 Suite, Apt. #, etc.
 3. Mailing Address **8514 NW 165 ST.**
 Suite, Apt. #, etc.

01/15/03 90223 047 \$70.00
 DO NOT WRITE IN THIS SPACE

City & State **MIAMI LAKES FL**
 Zip **33016** Country **USA**
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 Zip **33016** Country

4. FEI Number **65-0882153**
 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name **Jesús Montehano**
 Street Address (P.O. Box Number is Not Acceptable) **8514 NW 165TH ST.**
 City **MIAMI LAKES FL** Zip Code **33016**

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *[Signature]* **Jesús Montehano** 1/3/03
(NOTE: Registered Agent signature required when rendering) DATE

FEE IS \$61.25 Initial or Amended UBR
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Jesús Montehano 8514 NW 165 ST MIAMI LAKES FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Miguel A. Chomoh 8514 NW 165 ST MIAMI LAKES FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ORLANDO SEIAS 841 WEST 50th Place MIAMI, FL. 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(f), 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 on an attachment with an address, with all other like empowered.
 SIGNATURE: *[Signature]* **Jesús Montehano** 1/3/03 (305) 835-7625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #

CR2E0378 (12/02)

Added

Received 2/18/03

Jesús Montehano