

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # N02000002426

1. Entity Name
VIZCAYA VILLAS CONDOMINIUM ASSOCIATION, INC.



03 DEC 15 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8514 N.W. 165 STREET
MIAMI LAKES, FL 33016

Mailing Address
8514 N.W. 165 STREET
MIAMI LAKES, FL 33016

2. Principal Place of Business
350 E 5th St.
Suite, Apt. #, etc.

3. Mailing Address
7600 W 20 Ave.
217



CHECK HERE IF MAKING CHANGES

City & State
Hialeah, FL
Zip
33

City & State
Hialeah
Country
Dade

4. FEI Number
65-0882153

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MONTESANO, JESUS
8514 N.W. 165 STREET
MIAMI LAKES, FL 33016

7. Name and Address of New Registered Agent

Name
Terra Association Management SKV, Inc.
Street Address (P.O. Box Number is Not Acceptable)
7600 W 20 Ave suite 217
City
Hialeah
FL
Zip Code
33016

B. 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: *Terese Hauger*

11/4/03

FILE NOW 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	D MONTESANO, JESUS 8514 N.W. 165 STREET MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMAH, MIGUEL A 8514 N.W. 165 STREET MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIJAS, ORLANDO 841-WEST 50TH PLACE HIALEAH, FL 33012	<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		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Eduardo Goody JR. 355 E. 4th St. # 203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V President Osvaldo Vargas 340 E. 5th St. # 203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Josefa Amador 350 E. 5th St #101	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Noel L. Rodriguez 340 E. 5th St. # 204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.D Manuel Padron 340 E. 5th St. # 104	<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: *Eduardo Goody JR.*

11/4/03 305-826-4606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case Daytime Phone #

CR2E037 (10/02)