

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

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90133 021 ****61.25

DOCUMENT # N 16383

1. Entity Name

Vista Alegre Townhomes Condominium
Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Vista Alegre

c/o Unlimited Management

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5525 W 26 Court # 104

PO Box 440067

City & State

City & State

Hialeah, FL

Miami, FL

4. FEI Number

65-0275527

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

Country

33016

USA

Zip

Country

33144

USA

7. Name and Address of Current Registered Agent

Name

Julio Gonzalez

Street Address (P.O. Box Number is Not Acceptable)

937 A S.W. 87 Avenue

City

Miami

FL

Zip Code

33174

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE: P/D Julio Gonzalez
NAME: Julio Gonzalez
STREET ADDRESS: 5525 W 26 Court # 104
CITY-ST-ZIP: Hialeah, FL 33016

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: VP/D
NAME: Xiomara Matienso
STREET ADDRESS: 5580 West 26 Court # 104
CITY-ST-ZIP: Hialeah, FL 33016

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: S/D
NAME: Mercy Leon
STREET ADDRESS: 5580 W 26 Court # 212
CITY-ST-ZIP: Hialeah, FL 33016

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: T/D
NAME: Anthony Hernandez
STREET ADDRESS: 5530 W 26 Court # 102
CITY-ST-ZIP: Hialeah, FL 33016

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: VP/D
NAME: Raul Perez
STREET ADDRESS: 5580 W 26 Court # 105
CITY-ST-ZIP: Hialeah, FL 33016

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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

(205) 266 8024

CR2E037B (12/01)

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IN THIS SPACE**