

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90314 019 ****61.25

DOCUMENT # N39555

1. Entity Name

VILLAS DE ANTIGUA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

PO BOX 140785
 CORAL GABLES FL 33114-0785
 US

Mailing Address

609 ALMERIA AVENUE
 #201
 CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0216392

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEFAN, NASRY J
 547 ALNAMBRA CIR
 CORAL GABLES FL 33134

New Address:
 10705 NW 33 ST
 Suite 130
 Miami, FL 33172

Name

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

City

FL

Zip Code

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 fee 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

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TITLE	NAME	TITLE	NAME
PD	STEFAN, NASRY J		
547 ALNAMBRA CIR.			
CORAL GABLES FL			
TT	BERMUDEZ, MARIA		
609 ALMERIA AVE.			
CORAL GABLES FL			
ST	MOLINA, GILDA		
4446 S.W. 9TH LANE			
MIAMI FL			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/01 305 446 0042
 Date Daytime Phone #

CR2E037 (10/00)