

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005289

1. Entity Name

VISTA ALEGRE TOWNHOMES VILLAS STAGE III CONDOMIN

Principal Place of Business

1401 BRICKELL AVE., STE. 650
MIAMI FL 33131

Mailing Address

2160 SW 137 PLACE
MIAMI FL 33175-1080
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0799733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, JESUS R
1401 BRICKELL AVE., STE. 650
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

JESUS R. GONZALEZ

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

11936 SW 8TH ST

City

MIAMI

FL

Zip Code

33184

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	NOEL, JEAN CLAUDE	
STREET ADDRESS	15321 SW 133 PLACE, UNIT 1008	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	S	<input type="checkbox"/> Delete
NAME	KOPPELMANN, ELIZABETH	
STREET ADDRESS	13402 SW 153 STREET, UNIT 1903	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	T	<input type="checkbox"/> Delete
NAME	SUAREZ, MARIA	
STREET ADDRESS	15321 SW 133 PLACE, UNIT 1003	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, ROCIO	
STREET ADDRESS	13402 SW 153 STREET, UNIT 1904	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALDONADO, MANUEL	
STREET ADDRESS	13402 SW 153 STREET, UNIT 1902	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED NOEL (Treas)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90045 031 ****61.25