

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2001 8:00 am
Secretary of State

07-02-2001 90001 029 ****61.25

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
 US**

2. Principal Place of Business

3. Mailing Address

11936 SW 8 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

4. FEI Number

65-0799733

Applied For

Not Applicable

Zip

Country

Zip

Country

33184

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, JESUS R
 11936 SW 8TH STREET
 MIAMI FL 33184**

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **P NOEL, JEAN CLAUDE**
 STREET ADDRESS **15321 SW 133 PLACE, UNIT 1008**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S KOPPELMANN, ELIZABETH**
 STREET ADDRESS **13402 SW 153 STREET, UNIT 1903**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T SUAREZ, MARIA**
 STREET ADDRESS **15321 SW 133 PLACE, UNIT 1003**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D DIAZ, ROCIO**
 STREET ADDRESS **13402 SW 153 STREET, UNIT 1904**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D MALDONADO, MANUEL**
 STREET ADDRESS **13402 SW 153 STREET, UNIT 1902**
 CITY-ST-ZIP **MIAMI FL 33185**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 lines unexpired.

SIGNATURE

SIGNATURE: JEAN CLAUDE NOEL

4/20/01 786 457 7676

CR2E037 (10/00)