

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006475

1. Entity Name

VILLA REAL CONDOMINIUM NO. 7 ASSOCIATION, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90071 026 ****61.25

Principal Place of Business

Mailing Address

11030 NORTH KENDALL DRIVE
 SUITE 100
 MIAMI FL 33176

JESUS R GONZALEZ
 2160 SW 137TH PL
 MIAMI FL 33175-1080
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0805452

Applied For

Not Applicable

Zip

Country

Zip

Country

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

2160 SW 137 PLACE 11936 SW 8 ST
 MIAMI FL 33175 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
 STREET ADDRESS BATISTA-LOPEZ, JOAO
 CITY-ST-ZIP 12541 NW 11 WAY, UNIT 207
 MIAMI FL 33182

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

TITLE ☐ Delete
 NAME T
 STREET ADDRESS VAZQUEZ, EVELYN
 CITY-ST-ZIP 1134 NW 125 PATH, UNIT 105
 MIAMI FL 33182

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BAILODANO, AIMEE
 CITY-ST-ZIP 1158 NW 125 PATH, UNIT 103
 MIAMI FL 33182

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS CAMPBELL, JUAN S
 CITY-ST-ZIP 12549 NW 11 WAY, UNIT 205
 MIAMI FL 33182

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

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)