**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 16, 2001 8:00 am Secretary of State DOCUMENT # N9700006475 05-16-2001 90014 005 \*\*\*\*61.25 VILLA REAL CONDOMINIUM NO. 7 ASSOCIATION, INC. Principal Place of Business Mailing Address 11030 NORTH KENDALL DRIVE JESUS R GONZALEZ 549896 SUITE 100 2160 SW 137TH PL MIAMI FL 33176 MIAMI FL 33175 US \_\_ 3. Mailing Address 2. Principal Place of Business 11936SW BUTREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0805452 MIAMI Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) GONZALEZ, JESUS R 11936 SW 8 ST MIAMI FL 33184 Zip Code City 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:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE Delete TITI F NAME BATISTA-LOPEZ, JOAO NAME STREET ADDRESS STREET ADDRESS 12541 NW 11 WAY, UNIT 207 CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33182** ☐ Delete ☐ Change Addition TITLE TITLE NAME VAZQUEZ, EVELYN NAME STREET ADDRESS STREET ADDRESS 1134 NW 125 PATH, UNIT 105 CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33182** Change ☐ Delete Addition TITLE TITI F ALEJANDRE CARRENO NAME BAILODANO, AIMEE NAME 1158 NW 125 PATH \$ 103 STREET ADDRESS STREET ADDRESS 1158 NW 125 PATH, UNIT 103 MIANI, FL. 33182 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33182 TITLE ☐ Delete TITLE ☐ Change Addition NAME CAMPBELL, JUAN S NAME STREET ADDRESS STREET ADDRESS 12549 NW 11 WAY, UNIT 205 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33182 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

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