2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03-07-2003 90138 047 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006475

1. Entity Name

VILLA REAL CONDOMINIUM NO. 7 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
17250 NE 19th Ave North Miami Beach, Fl 33162	17250 NE 19th Ave North Miami Beach Fl 33162

DO NOT WRITE IN THIS SPACE

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 65-0805452 ☐ Applied For ☐ Not Applicable

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
MJB Management Services, INc. 17250 NE 19th Ave North Miami Beach, Fl 33162	Name MJB Management Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 17250 NE 19th Ave City North Miami Beach FL Zip Code 33162

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 Agent MARTHA BARNAT 3-1-03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DD VAZQUEZ, EVELYN 1134 NW 125TH PATH #105 MIAMI FL 33182	XXXXXXXXX XXXXXXXXX	PD Igor Ellis 1150 NW 125th Path # 201 Miami, Fl 33182	☐ Change ☐ Addition XXXXXXX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEL AMO, OBED 1176 NW 125TH PATH #108 MIAMI FL 33182	XXXXXXXXX	TD Diaz M. Rene 12533 NW 11 Way # 209 Miami, Fl 33182	☐ Change ☒ Addition XXXXXXXX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDTD IGOR, ELLIS 1150 NW 125TH PATH #201 MIAMI FL 33182	☐ Delete	SD Monterroso Maria E. 1140 NW 125th Path # 106 Miami, Fl. 33182	☐ Change ☐ Addition XXXXXXXX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	3/13	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 3-1-03 305-940-8795
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #