

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000004438**

1. Entity Name

VILLA REAL CONDOMINIUM NO. 5 ASSOCIATION, INC.**FILED**
Mar 29, 2002 8:00 am
Secretary of State

02-24-2002 90039 014 *****61.25

Principal Place of Business

Mailing Address

17250 NE 19TH AVENUE
MIAMI FL 33162**17250 NE 19TH AVENUE**
MIAMI FL 33162

- 18796

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

65-0863645

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MJB MANAGEMENT SERVICES, INC.**17250 NE 19TH AVENUE**
MIAMI FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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** **XXXXXXXXXX**NAME **ARIES, JESUS**
STREET ADDRESS **1165 NW 125 PLACE**
CITY-ST-ZIP **MIAMI FL 33182**TITLE **PD** **PRESIDENT / SECRETARY** ☐ DeleteNAME **SD** **PADILLA, FRANK D**
STREET ADDRESS **1197 NW 125 PLACE**
CITY-ST-ZIP **MIAMI FL 33182**TITLE **T** **XXXXXXXXXX**
NAME **MADRIGAL, CRISTINA**
STREET ADDRESS **1169 NW 125 PLACE**
CITY-ST-ZIP **MIAMI FL 33182**TITLE **DD**
NAME **GARCIA, RAQUEL**
STREET ADDRESS **1178 NW 125 CT**
CITY-ST-ZIP **MIAMI FL 33182**TITLE **TD** **D TREASURER** ☐ Delete
NAME **HERNANDEZ, BALBINO S**
STREET ADDRESS **1193 NW 125 PLACE**
CITY-ST-ZIP **MIAMI FL 33182**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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)(l), 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

1-10-02

305-940--8795

Date

Daytime Phone #

CR2E037 (9/01)