

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90073 012 \*\*\*\*61.25

**DOCUMENT # N99000006742**

1. Entity Name  
**KING'S VILLAS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**1152 WEST 27 ST**      **1152 WEST 27 ST**  
**#103**      **#103**  
**HIALEAH FL 33010**      **HIALEAH FL 33010**

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      Applied For  
**65-0969269**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**OSMAN, L. MICHAEL**  
**1474-A WEST 84TH STREET**  
**HIALEAH FL 33014**

**7. Name and Address of New Registered Agent**

Name **Alexis Lopez, P.D.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1152 W. 27 Street #103**  
 City **Hialeah**      FL      Zip Code **33010**

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]*      DATE **01-15-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PD LOPEZ, ALEXIS 1152 WEST 27 ST - #103 HIALEAH FL 33010	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAMIREZ, DOMINGO 1152 WEST 27 ST - #201 HIALEAH FL 33010	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAUZAN, UVEN 1152 WEST 27 ST - #101 HIALEAH FL 33010	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]*      DATE **01-15-01**      Daytime Phone # **(305) 888-0330**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

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CPRE037 (10/00)