2000 UNIFORM BUSINESS REPORT (UBR)

2/2/15

DOCUMENT # N99000007641

1. Entity Name

PALMETTO VILLAS ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -7 PM 1:38

Principal Place of Business	Mailing Address
8389 N.W. 8TH STREET #4 MIAMI FL 33126	8389 N.W. 8TH STREET #4 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

2/15/00 90045 036 $61.25

2. Principal Place of Business	3. Mailing Address
8389 NW. 8 St	8389 NW 8 St
Suite, Apt. #, etc. #4	Suite, Apt. #, etc. #4
City & State Miami Fla	City & State Miami Fla
Zip 33126 Country	Zip 33126 Country

4. FEI Number 650979281 ☐ 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
FUERTES, LIDIA 8389 N.W. 8TH STREET #4 MIAMI FL 33126	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 Lidia Fuertes 2-10-00.

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	P FUERTES, LIDIA 8389 N.W. 8TH STREET #4 MIAMI FL 33126 PRESIDENT ☐ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MONTIEL, PEDRO 8389 N.W. 8TH STREET #4 MIAMI FL 33126 TREASURER ☐ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CARRANZA, LIDIA 8389 N.W. 8TH STREET #4 MIAMI FL 33126 SECRETARY ☐ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/99)

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 Lidia Fuertes 2/10/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #