

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90146 012 ***150.00

DOCUMENT # P98000062673

1. Entity Name
Villa Isabel A.L.F., Corp.

DO NOT WRITE IN THIS SPACE

123995

2. Principal Place of Business
7265 N.W. 55th
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Fla.

City & State

4. FEI Number
65-0850423

Applied For
Not Applicable

Zip
33126 Country
U.S.A.

Zip Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing (Trust Fund Contribution) **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DPVS Villavende, Myniam I. 7265 N.W. 55th Miami, Fla. 33126</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Villavende, Myniam I. 7265 N.W. 55th Miami, Fla. 33126</i>
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**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Myniam I. Villavende*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-02

Date

305-260-9960

Daytime Phone #

CR2E034B (12/01)

2000 UNIFORM BUSINESS REPORT (UBR)

0042336

DOCUMENT # P98000062673

1. Entity Name
VILLA ISABEL ALF, CORP.

Attachment

Principal Place of Business Mailing Address
7265 NW 5TH STREET 7265 NW 5TH STREET
MIAMI FL 33126 MIAMI FL 33126

123995



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0850423** Applied For
Not Applicable

Zip Country Zip Country 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

VILLAVERDE, MYRIAM I
7265 NW 5TH STREET
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS VILLAVERDE, MYRIAM I 7265 NW 5TH STREET MIAMI FL 33126 <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	T VILLAVERDE, MYRIAM I 7265 NW 5TH STREET MIAMI FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: *Myriam Villaverde* **SIGNATURE REQUIRED** 8-10-02 305-2609960
Date Daytime Phone #

CR2E034 (5/00)

Attachment

P98000062673
123995



VILLA ISABEL (ALF)

7265 NW 5 STREET, MIAMI, FLORIDA 33126

TEL: (305) 260 9960 FAX: (305) 262-3844

E-MAIL: villaisabel@bbsector.net

July 23, 2002
Division of Corporation
Tallahassee, Florida 33126.

FEI# 65-0850423

Enclose please find check No.1236 for the amount of \$150.00 dollars to cover VILLA
ISABEL (ALF) Corporation fee.

We have never received a first notice as previous years.

Thank you for the attention into this matter.

Sincerely,

VILLA ISABEL
Myriam Villaverde

cc: Bob Korhr

P98-000062673