## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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

08-19-2002 90146 012 \*\*\*150.00

8-10-07 305-2609960 Daylore Phone #

DOCUMENT # P98000062673
1. Entity Name
Villa Isabel A.L. F. Corp.

DO NOT WRIT	E IN THIS	123995							
2. Principal Place of Business 7265 W. W. 55t.	3. Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
Miami, Fla.	City & State		1/ C = 80 C & 1/2 C	Applied For					
33126 Country V.S.A.	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required						
			7. Name and Address of Current Registered Agent						
DO NOT	MOITE	Name							
DO NOT V		Street Addres	ss (P.O. Box Number is Not Acceptable)						
*	IAUL	City	<b>□</b> Zip Coo						
. The above named entity submits this statement			<b>, ,</b> , , , , , , , , , , , , , , , , ,						
This corporation is eligible to satisfy its Intangit  Tax filing requirement and elects to do so.  (See criteria on back)	After Ame	(NOTE: Registered Agent signature required 1 - May 1 Fee is \$150.00 May 1, Fee is \$550.00 ended UBR is \$61.25 ayable to Department of S	10. Election Campaign Financing \$5.00 May Be						
I. OFFICERS AN	ID DIRECTORS	ayable to Department of 3	Mate						
TLE NOPVS  WE VI llavendz My  REET ADDRESS 1265 N.W.55T. 1  Miami, Fla, 331	niam I, Qb	TITLE NAME STREET ADDRESS CITY-ST-ZIP							
LE WE ME VI'llavende, Myn REETADDRESS 7265 W.W. 551 Y-ST-ZIP MI'AMI, FK, 3316	i'am I,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,						
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E E ET ADDRESS		CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		<del></del>					
-ST-ZIP  I hereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the receiver or trustee em attachment with an address, with all other like el	powered to avec to this	CITY-ST-ZIP  Ty for the exemption stated in State of the exemption state of the state of the exemption state of the exemption as required by Chapter of the exemption of the exe	Section 119.07(3)(i), Florida Statutes. I further certify that the in a same legal effect as if made under oath; that I am an officer of 607, Florida Statutes; and that my name appears in Block 11	iformation or director					

2000	VAIF	OUM DOSI	NESS REPU	n i	IABU	1		1 1 1		,		
1. Entity Nam		# <b>P98000</b> C . CORP.	62673				<u> </u>	Attech	n	A		
						$\triangle$				•		
Principal Place of Business			Mailing Address									
7265 NW 5TH STREET MIAMI FL 33126		7265 NW 5TH STREET MIAMI FL 33126					/23	99	5			
		20	3. Mailing Address				-					
2. Principal Place of Business									,	<b>1000</b>   111   1 <b>00</b> 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT WRIT	E IN THIS SE			_	
City & State			City & State			4. F	El Number <b>65-085042</b>	3		oplied For ot Applicable	1	
Zip		Country	Zip Cour		itry	5. Certificate of Status De			sired   \$8.75 Additional Fee Required			
	6. Name a	nd Address of Current R	egistered Agent		Name		7. N	lame and Address of New R	egistered Ag	ent		7
VILLAVERDE, MYRIAM I 7265 NW 5TH STREET					Street Add	Street Address (P.O. Box Number is Not Acceptable)						
, MIAI	MI FL 33126				City				FL	Zip Code	e	
8. The above	named entity s	submits this statement for	the purpose of changing its	registere	l ed office or re	egistere	d age	ent, or both, in the State of Flo		1		
SIGNATURE _	Signature typed or	printed name of registered agent an	d title if annicable (NOTE	Begistere	d Agent signature	required v	when rei	instaling)	DATE			ļ
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  After SEPTEMBEI		FILE NOW!! After SEPTEMBER 1: Make Check Payab	3, 2000	Min. will be	e \$750.		10. Election Campaign Fin Trust Fund Contribution			<b>0</b> May Be		
11,		OFFICERS AND D	1.	12.			٠.	DITIONS/CHANGES TO OFF	CERS AND I	NRECTOR	S IN 11	┨
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NAME			Delice	NAMI					·			
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP	ertify that the is	nformation supplied with the	his filing does not qualify for		-ST-ZIP	d in Sec	tion 1	19.07(3)(i), Florida Statutes. I	further cortif	that the in	nformation	-
indicated	on this report of	or supplemental report is to	rue and accurate and that m	y signat	ture shall hav	e the sa	ame le	egal effect as if made under c	ath; that I am	an officer	or director	1

GNATURE:

GNATURE:

SIGNATURE AND TYPED OR PAINTED KAME OF SIGNING OFFICER OR DIRECTOR

Indicated on inis 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE Day III DED

SIGNATURE DAY OF SIGNING OFFICER OR DIRECTOR

Date

Day III DED

DAY II

SIGNATURE:

8-10-02 305-260-9960 Date Dayline Phone #

Attachment P9800062673 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

R C80000 CS CO 33

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,

VIILA ISABEL
Myriam Villaverde

cc: Bob Korhr