

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90044 023 ***150.00

DOCUMENT # P99000107414

1. Entity Name
BELLA VILLAS, INC.

Principal Place of Business 710 SOUTH DIXIE HIGHWAY CORAL GABLES FL	Mailing Address 710 SOUTH DIXIE HIGHWAY CORAL GABLES FL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 65-0969481	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**ARAN, FERNANDO S
 710 SOUTH DIXIE HIGHWAY
 CORAL GABLES FL**

7. Name and Address of New 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 _____ (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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	
TITLE D	<input type="checkbox"/> Delete
NAME GUARCH, JORGE M JR.	
STREET ADDRESS 710 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP CORAL GABLES FL	
TITLE D	<input type="checkbox"/> Delete
NAME ARAN, FERNANDO S	
STREET ADDRESS 710 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP CORAL GABLES FL	
TITLE D	<input type="checkbox"/> Delete
NAME CORREA, DANNY	
STREET ADDRESS 710 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP CORAL GABLES FL	
TITLE D	<input type="checkbox"/> Delete
NAME PUIG, JUAN E	
STREET ADDRESS 710 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP CORAL GABLES FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: **DANNY CORREA** Date: **2/8/00** Daytime Phone #: **(305)665-3400**

CR2E034 (9/99)