

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

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90006 028 ***558.75

DOCUMENT # 454283

1. Entity Name

VILLANUEVA ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

44048523

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

299 Alhambra Circle

Suite, Apt. #, etc.

Suite 406

3. Mailing Address

299 Alhambra Circle

Suite, Apt. #, etc.

Suite 406

City & State

Coral Gables, Florida

City & State

Coral Gables, Florida

4. FEI Number

59-1546842

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Villanueva, Maria U

Street Address (P.O. Box Number is Not Acceptable)

1821 S.W. 88 Avenue

City

Miami

FL

Zip Code

33165

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Villanueva, Plinio M.
1821 S.W. 88 Avenue
Miami, Florida 33165

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Plinio M. Villanueva, President (Plinio M. Villanueva) 12 JUL 04, 305/448-7274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)