

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 737236**

1. Entity Name

**VILLAS CONDOMINIUM, INC.**

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90045 037 \*\*\*\*61.25

Principal Place of Business <b>6514 KENDALE LAKES DRIVE MIAMI FL 33183-1822</b>	Mailing Address <b>C/O GUARANTEE MGMT SERVICES 111 FONTAINEBLEU BLVD MIAMI FL 33172-4507</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-1699832</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LERNER, LISA ESQ  
201 ALHAMBRA CIRCLE  
STE. 1102  
CORAL GABLES FL 33134**

**GUARANTEE MANAGEMENT  
111 Fontainebleau Blvd.  
Miami, FL 33172**

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 \_\_\_\_\_

**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	<b>SD RICCARDI, JEAN 6530 KENDALE LAKES DR, VILLA 1302 MIAMI FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ANGELIS, ANGIE 6528 Kendale Lakes Dr., #1202 Miami, FL 33183</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VARELA, CHRIS 6518 KENDALE LAKES DR #808 MIAMI FL 33183</b> <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	<b>D SUCHMAN, SIDNEY 6530 KENDALE LAKES DR., #1303 MIAMI FL 33183</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Cajiao, Luis 6502 Kendale Lakes Dr., #204 Miami, FL 33183</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BERARD, MICHAEL 6502 KENDALE LAKES DR #208 MIAMI FL 33183</b> <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	<b>VPAS SCOTT, ARTHUR 6526 KENDALE LAKES DR VILLA 1405 MIAMI FL 33183</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP VALDES, ARMANDO 6524 Kendale Lakes Dr., #1508 Miami, FL 33183</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ROCHFORD, GLORIA 6516 KENDALE LAKES DR #704 MIAMI FL 33183</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 embossed.

SIGNATURE: *[Signature]* **Board Director**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ROCHFORD, GLORIA**  
 Date: 3/1/00 Daytime Phone # \_\_\_\_\_

CR2E037 (9/99)