2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737236

1. Entity Name

VILLAS CONDOMINIUM, INC.

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MIA

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GUAR111%  33172C235 1801 02 01/31/02
NOTIFY SENDER OF NEW ADDRESS
:GUARANTEE MANAGEMENT SERVICES
7200 NW 7TH ST STE 300
MIAMI FL 33126-2941
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2.

City & State	City & State	**4.** FEI Number 59-1699832		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**
	Name
GUARANTEE MANAGEMENT **111 FOUNTAINEBLEAU BLVD** **MIAMI FL 33172**	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

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 SD NAME ANGELIS, ANGIE STREET ADDRESS 6528 KENDALE LAKES DR # 1202 CITY-ST-ZIP MIAMI FL 33183	☐ Delete		TITLE Director NAME Jean F. Ricardi STREET ADDRESS 6530 Kendale Lakes Drive Unit# 1302 CITY-ST-ZIP Miami, Fl. 33183	☐ Change ☒ Addition	
TITLE P NAME VARELA, CHRIS STREET ADDRESS 6518 KENDALE LAKES DR #808 CITY-ST-ZIP MIAMI FL 33183	☐ Delete		TITLE Director NAME Sid Suchman STREET ADDRESS 6530 Kendale Lakes Drive Unit #503 CITY-ST-ZIP Miami, Fl. 33183	☐ Change ☒ Addition	
TITLE D NAME CAJIAO, LUIS STREET ADDRESS 6502 KENDALE LAKES DR #204 CITY-ST-ZIP MIAMI FL 33183	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME BERARD, MICHAEL STREET ADDRESS 6502 KENDALE LAKES DR #208 CITY-ST-ZIP MIAMI FL 33183	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE VP NAME VALDES, ARMANDO STREET ADDRESS 6524 KENDALE LAKES DR #1508 CITY-ST-ZIP MIAMI FL 33183	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE T NAME ROCHFORT, GLORIA STREET ADDRESS 6516 KENDALE LAKES DR #704 CITY-ST-ZIP MIAMI FL 33183	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E037 (9/01)

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 empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ Director _____ 04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #