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2001 UNIFORM BUSINESS REPORT (UBR)

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Jan 29, 2001 8:00 am § Secretary of State **DOCUMENT # 738519** 1. Entity Name THE VILLAS OF MADEIRA HOMEOWNERS ASSOC. INC. 01-29-2001 90013 014 ****70.00 Principal Place of Business Mailing Address 13250 S.W. 135 AVENUE 13250 S.W. 135 AVENUE MIAM! FL 33186 **MIAMI FL 33186** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2070936 Not Applicable Zip Country Country \$8.75 Additional .5. Certificate of Status Desired. 🔔 ⋤ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ARIAS, MARIA V 201 ALHAMBRA CIRCLE **SUITE 1102** Zip Code CORAL GABLES FL 33134 FL 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 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE P/D☐ Delete TITLE ★ Addition ☐ Change JIMENEZ, ROSALIA NAME NAME Mario Jimenez STREET ADDRESS 9455 S.W. 6 TERRACE STREET ADDRESS 9455 SW 6 Terrace CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33174** Miami, FL 33174 TITLE D ☐ Delete TITLE ☐ Change Addition NAME GOMEZ. MARIA NAME Maria G. Vargas STREET ADDRESS 9431_SW_6 TERRACE STREET ADDRESS 9451 SW-6-Terrace--CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33174** Miami, FL 33174 TITLE D TITLE ☐ Delete Change ☐ Addition NAME BARO, EDUARDO NAME STREET ADDRESS 9425 SW 6 TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33174 SD Delete TITLE Change ☐ Addition NAME HUGUET, MARIE NAME STREET ADDRESS STREET ADDRESS 9460 S.W. 6 TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33174 -TITLE Delete TITLE Change ☐ Addition NAME Deeb, Kevin NAME STREET ADDRESS 9330 S.W. 7 LANE STREET ADDRESS CITY-ST-7(P MIAMI FL 33174 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BASADRE, ELIA M NAME STREET ADDRESS 9425 SW 6 LN STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP MIAMI FL 33174 12. I hereby certify that the information supplied with this filling 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 of 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 of 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