

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**  
 03-20-2000 90140 005 \*\*\*\*61.25

**DOCUMENT # 748243**

1. Entity Name

**PATIO VILLAS BLOCK 4 ASSOCIATION, INC.**

Principal Place of Business

7332 FOX CHAPEL DR  
 HIALEAH FL 33015  
 US

Mailing Address

7332 FOX CHAPEL DR  
 HIALEAH FL 33015-2223  
 US

ADDITION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**same**

3. Mailing Address

**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1970481**

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

**RIVERA, IRIS C**  
**7332 FOX CHAPEL DR**  
**HIALEAH FL 33015**

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

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ONEIL, JOHN	
STREET ADDRESS	7336 FOX CHAPEL DR	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GARCIA, GAYLE	
STREET ADDRESS	19019 WEST LAKE DR	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUNN, MARGARET	
STREET ADDRESS	7328 FOX CHAPEL DR.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	RIVERA, IRIS C	
STREET ADDRESS	7332 FOX CHAPEL DR	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert R. Rivera	
STREET ADDRESS	7332 Fox Chapel Dr	
CITY-ST-ZIP	Hialeah FL 33015	
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		

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:

*IRIS C. RIVERA* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-00

Date

305-829 9670

Daytime Phone #

CR2E037 (9/99)