

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90216 042 ****61.25

0038061

DOCUMENT # 766240

1. Entity Name

VILLA REGINA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1581 BRICKELL AVE.
 MIAMI FL 33129

1581 BRICKELL AVE.
 MIAMI FL 33129

A0021709



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2248888

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

HAYMAN, MICHEAL
44 W REAGLER ST
14TH FLOOR
MIAMI FL 33130

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:
FEES 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: Delete
 NAME: **VD DOHERTY, RICHARD**
 STREET ADDRESS: **1581 BRICKELL AVE. #1703**
 CITY-ST-ZIP: **MIAMI FL 33129**

TITLE: Change Addition
 NAME: **VD. DIAZ, JOSE**
 STREET ADDRESS: **1581 Brickell Ave #2002**
 CITY-ST-ZIP: **MIAMI, FL 33129**

TITLE: Delete
 NAME: **PD GALE, JOHN**
 STREET ADDRESS: **1581 BRICKELL AVE. #1101**
 CITY-ST-ZIP: **MIAMI FL 33129**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **SD AMADOR, LIANA**
 STREET ADDRESS: **1581 BRICKELL AVENUE #1207**
 CITY-ST-ZIP: **MIAMI FL 33129**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **TD CALZADO, ERNESTO**
 STREET ADDRESS: **1581 BRICKELL AVENUE 3305**
 CITY-ST-ZIP: **MIAMI FL 33129**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **D YOUNG, HARVEY**
 STREET ADDRESS: **1581 BRICKELL AVE. #T201**
 CITY-ST-ZIP: **MIAMI FL 33129**

TITLE: Change Addition
 NAME: **Nunez, Ricardo**
 STREET ADDRESS: **1581 Brickell Ave # 404**
 CITY-ST-ZIP: **Miami, FL 33129**

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change 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 supplementary 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)