2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 766551 1. Entity Name					FILED Feb 08, 2000 8:00 am Secretary of State			
BUY UNI	ITED STATES INCORPORATI	ED					90151 004 ****61	
Principal Place	e of Business	Mailing Address						
& DR. HORATIO L. VILLA 329 WEST 64TH PLACE HIALEAH FL 33012		% DR. HORATIO L. VILLA 929 WEST 64TH PLACE HIALEAH FL 33012-6452			1 2 <b>40</b> 111 101	110 01110 01101 01101 01101	 	14 <b>0</b> 1051 1 <b>06</b> 1
Principal P // 0.2 Suite, Apt.	Nace of Business <b>5.</b> 72 ND ST. #, etc.	3. Mailing Address 1/0 2 5. 72 Suite, Apt. #, etc.	ND ST.			DO NOT WRITE	IN THIS SPACE	
City & State , AZ.		City & State MESA, AZ			4. FEI Number Applied For S9-2477830 Not Applicable			
Zip 8520	Country	Zip 85208	Country		5. Certificate of	of Status Desired	See Require	
VILLA. HO	6. Name and Address of Current	Registered Agent	Name -	VILL ddress (P	A HON	Address of New Re CATIO L is Not Acceptable) LAD ST	, OL	<u>-</u>
82824E\$7 HIALEAH4	REATHPEACE 1070 BA. FLISSEN MIAMI SPRIN named entity submits this statement for	NGS, FL. 3316,		0.8 A 0	n HIA	305 LEAH, AZ		85208 214
	Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25	and title if applicable. (NOTE: 1 9. Election Campaign f Trust Fund Contribut	· _		) May Be		Check Payable to artment of State	)
D. Ile Ime Reet address Iy-st-zip	OFFICERS AND DI PD VILLA, HORATIO L. 929 WEST 64TH PLACE	RECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILL 1102	A, HORI		S AND DIRECTORS IN	10 Addition
ile Ime Reet address TY-ST-ZIP	HIALEAH FL STD VILLA, ERNESTINE A. 929 WEST 64TH PLACE HIALEAH FL	Delete	TITLE NAME STREET ADDRESS CITY <sub>2</sub> ST-ZIP-	5TD VIRG 147	2. 10. HOR		Change END	Addition
LE ME REET ADDRESS TY-ST-ZIP	VD MORRISON, WILLIAM 1328 SW 14TH ST MIAMI FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
le Me Reet address Y-st-zip	STD VHRGIL N. VILLA CAMP YERDE; AZ . 8	Delete	TITLE NAME Street address City-st-zip				Change	Addition
le Me Reet address Y-st-zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
le Me Reet address Y-st-zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
2. I hereby a indicated of the cor	certify that the information supplied wit on this report or supplemental report rporation or the receiver or trustee emp , or on an attachment with an address,	s true and accurate and that my owered to execute this report a with all other like empowered	the exemption star y signature shall h s required by Cha	ave the sa apter 617,	ame legal effect Florida Statute:	t as if made under oa s; and that my name	ith: that I am an officer	or director Block 11 if