

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33546**

1. Entity Name
VILLA HERMOSA, LTD.

FILED

02 SEP 24 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2121 PONCE DE LEON BLVD., PH 2
CORAL GABLES FL 33134**

Mailing Address
**2121 PONCE DE LEON BLVD., PH 2
CORAL GABLES FL 33134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number
59-0596699

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

**REGISTERED AGENTS OF FLORIDA, LLC
100 S.E. 2ND STREET
SUITE 3500
MIAMI FL 33131-2130**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	A94000001379	STREET ADDRESS	
NAME	CORNERSTONE VILLA HERMOSA, LTD.	CITY-ST-ZIP	
STREET ADDRESS	2121 PONCE DE LEON BLVD., SUITE 650		
CITY-ST-ZIP	CORAL GABLES FL 33134		
DOCUMENT #	P980000034930	STREET ADDRESS	
NAME	DEEDCO VILLA HERMOSA, INC.	CITY-ST-ZIP	
STREET ADDRESS	141 N.E. THRID AVE., SUITE 500		
CITY-ST-ZIP	MIAMI FL 33132		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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******150.00 ****150.00**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)