

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002523**

1. Entity Name

THE VILA FAMILY LIMITED PARTNERSHIP

Principal Place of Business

**20451 S.W. 216TH STREET
HOMESTEAD FL 33170**

Mailing Address

**20451 S.W. 216TH STREET
HOMESTEAD FL 33170**

2. Principal Place of Business

20451 SW. 216 ST.

3. Mailing Address

20451 SW. 216 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

Copy Attached **APPLIED FOR**

Applied For

Not Applicable

Zip

33170

Country

US

Zip

33170

Country

US

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JONATHAN H. GREEN & ASSOCIATES, P.A.
799 BRICKELL PLAZA, SUITE 700
MIAMI FL 33131**

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

9. Capital Contributions
as Shown on record.

\$5,000,000.00

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**VILA, BAUDILIO B
20451 S.W. 216TH STREET
HOMESTEAD FL 33170**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**VILA, DULCE M
20451 S.W. 216TH STREET
HOMESTEAD FL 33170**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**VILA, JUAN C
20451 S.W. 216TH STREET
HOMESTEAD FL 33170**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

20451 SW. 216 ST.

CITY-ST-ZIP

MIAMI, FL. 33170

STREET ADDRESS

20451 SW. 216 ST.

CITY-ST-ZIP

MIAMI, FL. 33170

STREET ADDRESS

20451 SW. 216 ST.

CITY-ST-ZIP

MIAMI, FL. 33170

STREET ADDRESS

CITY-ST-ZIP

**000003456410--4
-11/07/00--01141--004
****935.00 ****935.00**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Baudilio B Vila
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

8/29/2000 305 255-9206

0003475 AF

CR2E003 (5/00)