

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010638 AT

DOCUMENT # A98000002523

1. Entity Name
THE VILA FAMILY LIMITED PARTNERSHIP



FILED

03 MAR 13 PM 4:34

MJH

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
20451 S.W. 216TH STREET
MIAMI FL 33170

Mailing Address
20451 S.W. 216TH STREET
MIAMI FL 33170

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1049641

Applied For

Not Applicable

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

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

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. I am familiar with, and accept the obligations of registered agent.

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

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 FL. 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 #
NAME VILA, BAUDILIO B
STREET ADDRESS 20451 S.W. 216TH STREET
CITY-ST-ZIP MIAMI FL 33170

STREET ADDRESS

CITY-ST-ZIP

000014063960

03/13/03--01047--019 **526.25

DOCUMENT #
NAME VILA, DULCE M
STREET ADDRESS 20451 S.W. 216TH STREET
CITY-ST-ZIP MIAMI FL 33170

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME VILA, JUAN C
STREET ADDRESS 20451 S.W. 216TH STREET
CITY-ST-ZIP MIAMI FL 33170

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)