

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H94977

1. Entity Name
VILLA D.M.L. CO.

Principal Place of Business Mailing Address
1146 SW 22 St
Miami, FL 33129

2. Principal Place of Business 3. Mailing Address
12290 NW 7 Trail 12290 NW 7 Trail
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Zip Country City & State Zip Country
Miami, FL 33182 USA Miami, FL 33182 USA

6. Name and Address of Current Registered Agent
Miguel Luis Villalobos
1146 SW 22 St
Miami, FL 33129

7. Name and Address of New Registered Agent
Name Jacqueline X. Galik, DMD
Street Address (P.O. Box Number is Not Acceptable)
12290 NW 7th Trail
City Miami FL Zip Code 33182

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

(NOTE: Registered Agent signature required when reinstating)

5/1/00
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLE PTD ☒ Delete
NAME Miguel Luis Villalobos
STREET ADDRESS 1146 SW 22 St
CITY-ST-ZIP Miami, FL 33129

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PTD ☐ Change ☒ Addition
NAME Jacqueline X. Galik
STREET ADDRESS 12290 NW 7 Trail
CITY-ST-ZIP Miami, FL 33182

TITLE ☐ Change ☒ Addition
NAME Mike A. Luis
STREET ADDRESS 2761 W. Trade
CITY-ST-ZIP Miami, FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00
Date

305-444-5926
Daytime Phone #

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90073 030 ***150.00

DU100342

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)