

2000-UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90073 028 ***150.00

DOCUMENT # **H94980**
 1. Entity Name
VILLA J.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
 Suite, Apt. #, etc. Suite, Apt. #, etc.

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

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

4. FEI Number Applied For
59-2656688
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name **Jacqueline X. Galik, DMD**
 Street Address (P.O. Box Number is Not Acceptable)
12290 NW 7 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 **J. Galik DMD** DATE **5/1/00**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	PTD Miguel Luis Villalobos <input checked="" type="checkbox"/> Delete	1146 SW 22 St Miami, FL 33129		PTD Jacqueline X. Galik <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	12290 NW 7 Trail Miami, FL 33182
	<input type="checkbox"/> Delete			Mike A. Luis <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2761 W. Trade Miami, FL 33133
	<input type="checkbox"/> Delete				
	<input type="checkbox"/> Delete				
	<input type="checkbox"/> Delete				
	<input type="checkbox"/> Delete				
	<input type="checkbox"/> Delete				

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: **J. Galik DMD** DATE **5/1/00** DAYTIME PHONE # **305-444-5926**
 Signature and typed or printed name of signing officer or director