

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002223

1. Entity Name

Villa Verde I Limited Company

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAR -3 AM 8:55

Principal Place of Business

Mailing Address

~~3808 NE 209 TERRACE~~  
~~Aventura FL 33180~~

~~3808 NE 209 TERRACE~~  
~~Aventura FL 33180~~

2. Principal Place of Business

14101 Luray Rd.

3. Mailing Address

14101 Luray Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

4. FEI Number

65-0868543

Applied For

Not Applicable

Zip

33330

Country

USA

Zip

33330

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Tina Greene  
3808 NE 209 Terrace  
Aventura, FL 33180

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
14101 Luray Rd.  
City Ft. Lauderdale FL Zip Code 33330

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  Tina Greene - Mgr.

2/22/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<del>Mgr.</del>	Tina Greene	3808 NE 209 Terr.	Aventura FL 33180	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		14101 Luray Rd.	Ft. Lauderdale FL 33330	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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-03/21/00--01104--019  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Tina Greene

2/22/00

305-535-8922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)