

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003437

1. Entity Name

VILLA LAS MARIAS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 24 AM 10:02

Principal Place of Business

3300 PGA BLVD., SUITE 350
PALM BEACH GARDENS, FL
33410

Mailing Address

3300 PGA BLVD., SUITE 350
PALM BEACH GARDENS, FL
33410

2. Principal Place of Business

6619 S. Dixie Highway

Suite, Apt. #, etc.
Suite 312

City & State
Miami, FL

Zip
33143

Country
USA

3. Mailing Address

6619 S. Dixie Highway

Suite, Apt. #, etc.
Suite 312

City & State
Miami, FL

Zip
33143

Country
USA

4. FEI Number
65-0889955

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PROBST, DANIEL J.
3300 PGA BLVD. SUITE 350
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name
ELIZECHE, MARIA LOURDES

Street Address (P.O. Box Number is Not Acceptable)

6619 S. Dixie Highway
Suite 312

City
Miami

FL

Zip Code
33143

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 

MARIA LOURDES ELIZECHE

8/17/2000

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	MGRM ELIZECHE, MARIA LOURDES 3300 PGA BLVD., SUITE 350 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELIZECHE, MARIA LOURDES 6619 S. Dixie Highway, Suite 312 MIAMI, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003384542--9 -09/06/00--01114--020 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 

MARIA LOURDES ELIZECHE

8/17/2000

(305) 495-7900

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

Date

Daytime Phone #

CR2E083 (1/99)