

2001 UNIFORM BUSINESS REPORT (UBR)

0009461 AF

DOCUMENT # L98000003437

1. Entity Name
VILLA LAS MARIAS, L.L.C.

Principal Place of Business
6619 S. DIXIE HIGHWAY, SUITE 312
MIAMI FL 33143

Mailing Address
6619 S. DIXIE HIGHWAY, SUITE 312
MIAMI FL 33143

FILED

01 MAR 30 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0889955

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELIZECHE, MARIA LOURDES
6619 S. DIXIE HIGHWAY, SUITE 312
MIAMI FL 33143

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.

SIGNATURE

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

800003992978--3
-04/12/01--01006--003
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ELIZECHE, MARIA LOURDES
6619 S. DIXIE HIGHWAY, SUITE 312
MIAMI FL 33143 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ 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:

M. L. ELIZECHE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/26/11

Date

305495
8000

Daytime Phone #

CR2E083 (11/00)