

2000 UNIFORM BUSINESS REPORT (UBR)

0002649 AF

DOCUMENT # L99000001175

1. Entity Name
VILLA DEL SOL MARKETING, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -9 AM 10:17



DO NOT WRITE IN THIS SPACE

Principal Place of Business
848 BRICKELL AVENUE, SUITE 1015
MIAMI FL 33131

Mailing Address
848 BRICKELL AVENUE, SUITE 1015
MIAMI FL 33131-2996

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0906729

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

SALAZAR, LISETTE P ESQ
ROBERTS & SALAZAR, LLP
50 W MASHTA DRIVE, SUITE 2
KEY BISCAYNE FL 33149

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
OPERADORA VILLA DEL SOL, S.A., DE C.V.
PLAYA LA ROPA S/N, P.O. BOX 84
ZIHUATANEJO, GRO. 40880 MEXI ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200003140182--3
-02/18/00--01088--017
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
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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:

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

Date

Daytime Phone #

CR2E083 (9/99)