

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


05-07-2003 90176 024 ****70.00

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N00000002397					
1. Entity Name VISTA ALEGRE TOWNHOUSES VILLA STAGE V CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 13250 SW 135TH AVENUE MIAMI FL 33186		Mailing Address 13250 SW 135TH AVENUE MIAMI FL 33186			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0952056	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKRLD, INC. 201 Alhambra Cir. suite 1102 Coral Gables, FL 33134			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEGRON, LOUIS 13310 SW 152 ST.#3102 MIAMI FL 33177	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MELAMED, ISAAC 13358 SW 152 ST #2902 MIAMI FL 33177	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRUZ, JEANNETTE 13326 SW 152 ST #3304 MIAMI FL 33177	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eduardo Cabrera <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13334 SW 152 Str., 2604 Miami, FL 33177 Treasurer	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERO, RUBY 13358 SW 152 ST #2908 MIAMI FL 33177	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Eugenio Perez 13302 SW 152 Str., 3001 Miami, FL 33177	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARRIA, JUAN 13318 SW 152 ST #3207 MIAMI FL 33177	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or one attachment with an address, with all other like empowered.					
SIGNATURE: <u>SIGNATURE SKRLD</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	

CR2E037 (10/02)

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