

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003861

1. Entity Name

VILLA GRANDE CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90130 015 ****61.25

Principal Place of Business

C/O MJB MANAGEMENT SERVICES, INC.
17250 N.E. 19TH AVE.
NORTH MIAMI BEACH FL 33162

Mailing Address

C/O MJB MANAGEMENT SERVICES, INC.
17250 N.E. 19TH AVE.
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1032740**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MJB MANAGEMENT SERVICES, INC.
17250 N.E. 19TH AVE.
NORTH MIAMI BEACH FL 33162

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME DP
STREET ADDRESS GONZALEZ, RAMIRO
CITY-ST-ZIP 13870 S.W. 62 ST., #210
MIAMI FL 33183TITLE ☐ Delete
NAME DT
STREET ADDRESS PEROZO, ANA
CITY-ST-ZIP 6320 S.W. 138 AVE., #407
MIAMI FL 33183TITLE ☐ Delete
NAME DS
STREET ADDRESS CALVO, JOSE J
CITY-ST-ZIP 13870 S.W. 62 ST., #409
MIAMI FL 33183TITLE ☐ Delete
NAME DD
STREET ADDRESS MARIN, DAVID J
CITY-ST-ZIP 13870 S.W. 62 ST., #406
MIAMI FL 33183TITLE ☐ Delete
NAME DD
STREET ADDRESS LEON, JUAN J
CITY-ST-ZIP 13870 S.W. 62 ST., #102
MIAMI FL 33183TITLE ☐ Delete
NAME DD
STREET ADDRESS MONTEL, ROGER
CITY-ST-ZIP 13870 S.W. 62 ST., #407
MIAMI FL 33183

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

1-10-02 305-940--9895

CR2E037 (9/01)