2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

May 11, 2001 8:00 am Secretary of State DOCUMENT # N0000007443 1. Entity Name VILLA FELIZ, INC. 05-11-2001 90042 019 ****61.25 Principal Place of Business Mailing Address 16358 S.W. 75TH ST 16358 S.W. 75TH ST MIAMI FL 33193-3720 MIAMI FL 33193-3720 2. Principal Place of Business 3. Mailing Address 148<u>16 SW</u> 14816 SW 22 ST Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable ramal Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) URDANETA, MARIA T 16358 S.W. 75TH ST MIAMI FL 33193-3720 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition ☐ Delete TITLE ☐ Change TITLE URDANETA, MARIA T NAME NAME 16358 S.W. 75TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33193-3720 ☐ Addition TITLE ☐ Delete TITLE Change NAME URDANETA, GILBERTO STREET ADDRESS 16358 S.W. 75TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33193-3720 ☐ Addition ☐ Delete TITLE ☐ Change TITLE URDANETA, NINFA G NAME NAME 16358 S.W. 75TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33193-3720 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Mara Les Cel Marie Significant 4/10/01 954-391-6465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daylime Phone #