## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # N14452** Mar 06, 2000 8:00 am 1. Entity Name **Secretary of State** VILLAS OF GOLFVIEW, INC. 03-06-2000 90117 019 \*\*\*\*70.00 Principal Place of Business Mailing Address THE TIMBERLAKE GROUP, INC. THE TIMBERLAKE GROUP, INC. 5050 N.W. 74 AVENUE 5050 N.W. 74 AVENUE MIAMI FL 33166-5516 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2827046 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) DUGGER, ROBERT A THE TIMBERLAKE GROUP, INC. 5050 N. W. 74TH AVENUE Zip Code City **MIAMI FL 33166** 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. 02/22/00 ROBERT A. DUGGER SR. SIGNATURE Signature, typed or pr (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$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 11. 10. ☐ Change ☐ Addition 🔀 Delete TITLE TITLE XAVIER-GORRAL-NAME NAME STREET ADDRESS STREET ADDRESS -9670 FONTBLU-BLVD.: #8 -CITY-ST-ZIP CITY-ST-ZIP -MIAMI-FL- -M Change ☐ Addition ₽Ð ~ TITLE TITLE Delete Delete Gonzalo San NAME fajet, <del>r</del>aul-e- -NAME 9660 Fountainebleau Blvd.#14 STREET ADDRESS STREET ADDRESS -9674 FONTBLU-BLVD., #30- --Miami, Fl.33172. CITY-ST-ZIP CITY-ST-7IP -MAMI-FL----Addition Change : ☐ Delete TITLE YD TITLE Henry Fajet, 9674 Fontainbleau Blvd.,#30 NAME -GONZALO, SAN - -NAME STREET ADDRESS STREET ADDRESS 9880 FONTAIBLEAU #14 - -Miami, Fl.33172. CITY-ST-ZIP CITY-ST-ZIF MAMI-FL- - -Addition **→** Delete [ ] Change TITLE TITLE - GT Luis Del Pino NAME <del>-ro</del>mero-jaime - -NAME 9650 Fontainbleau Blvd., #7, STREET ADDRESS STREET ADDRESS -9660 FONTAINEBLEAU #14 -Miami, F1.33172. CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL- -☐ Change ☐ Addition ☐ Delete TITLE Yamila T. Albisu NAME DIEGO. LAMADRID 9650 Fontainbleau Blvd.,#6 STREET ADDRESS STREET ADDRESS 9674 FONTAINEBLEAU #25 -Miami, Florida 33172 CITY-ST-7(P CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 9674 FONTAINEBRAU #25 STREET ADDRESS Migmi, FL. 33172 CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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:

Date

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