

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46555

1. Entity Name

PLAZA VILLAS TOWNHOUSES II ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% HUGO LOPEZ  
997 SW 6TH ST.  
MIAMI FL 33130

% HUGO LOPEZ  
997 SW 6TH ST.  
MIAMI FL 33130-3203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0307322

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, HUGO  
997 S.W. 6TH ST.  
MIAMI FL 33130

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 Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	LOPEZ, HUGO	997 S.W. 6TH STREET	MIAMI FL				
TD	VALDES, SILVIO	999 S.W. 6TH ST.	MIAMI FL				
VPD	VALDES, PILAR	999 SW 6TH ST.	MIAMI FL				
S	LOPEZ, FANNY	997 SW 6TH STREET	MIAMI FL				

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:

*HUGO LOPEZ*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90866 002 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)