

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

FILED

02 JUN -5 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001573
1. Entity Name
VILLAS OF WEST MIAMI CONDOMINIUM ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 01-02

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6620 SW 12 Street
Suite, Apt. #, etc.
6
City & State
MIAMI, FL.
Zip
33144 Country
USA

3. Mailing Address
C/O Association Mgmt Group
Suite, Apt. #, etc.
500 W. Cypress Cr Rd - Ste 230
City & State
Ft. Lauderdale, FLA
Zip
33309 Country
USA

4. FEI Number
65-0480244 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MARSHALL V. KREHEN
Street Address (P.O. Box Number is Not Acceptable)
300 W. CYPRESS CREEK ROAD
Suite 230
City
Ft. Lauderdale, FL Zip Code
33309

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] MARSHALL KREHEN DATE 6/4/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D/P</u> <u>EUNICE MORALES</u> <u>6620 SW 12 STREET #6</u> <u>MIAMI, FL 33144</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>800005823898</u> <u>-06/18/02--01084--003</u> <u>****297.50 ****297.50</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D/T</u> <u>MINERVA HECHAVARRIA</u> <u>6670 SW 12 STREET #2</u> <u>MIAMI, FL 33144</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D/S</u> <u>ROSA GONZALEZ</u> <u>6670 SW 12 STREET #2</u> <u>MIAMI FL 33144</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] ROSA GONZALEZ /secr. 6/4/02 305) 92-0055

CR2E037B (12/01)