


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90192 025 ****70.00

DOCUMENT # *N94000001573*

1. Entity Name
Villas of West Miami Condominium Assoc. Inc.



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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6620 /SW 12 Street <small>Suite, Apt. #, etc.</small>	3. Mailing Address c/o Teresita C. Miglio, CPA <small>Suite, Apt. #, etc.</small> P.O. Box 440282
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DO NOT WRITE IN THIS SPACE

City & State Miami, FL	City & State Miami, FL
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4. FEI Number 65-0480244	Applied For <input type="checkbox"/> Not Applicable
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Zip 33144	Country	Zip 33144	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Teresita C. Miglio, CPA**

Street Address (P.O. Box Number is Not Acceptable)

310 SW 67 Court

City **Miami, FL** Zip Code **33144**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Teresita C Miglio CPA* **Teresita C. Miglio, CPA** *2/13/03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Eunice Morales 6620 SW 12 Street, #6 Miami, FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Director Minerva Hechavarria 6670 SW 12 Street #2 Miami, FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Director Rosa Gonzalez 6570 SW 12 Street #6 Miami, FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eunice Morales* **Eunice Morales** *2/19/03* **(305)261-3165**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #