## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment,

## **FILED** DOCUMENT # N9600000753 Feb 21, 2000 8:00 am **Secretary of State** VILLA ROYAL OF MIAMI CONDOMINIUM ASSOCIATION, IN 02-21-2000 90036 023 \*\*\*\*70.00 Principal Place of Business Mailing Address 6855 AB8OTT AVE<sup>→</sup> AMERICAN MANAGEMENT & REALITY MIAMI BCH FL 33141 2011 WEST 62 STREET HIALEAH FL 33016-2657 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0645736 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MUNICA-MANAGENGEDT lo. LEA / ty, INC odress (P.O. Box Number is Not Acceptable) SKRL, INC HERNANDE 201 ALHAMBRA CIRCLE 5T 6 Z **SUITE 1102** Zip Code 33016 CORAL GABLES FL 33134 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 9. Election Campaign Financing Make Check Pavable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition **VPD** PID ☐ Delete TITLE SANCHEZ, RAUL NAME NAME SANCHEZ, RAUL 6855 ABBOTT AU. \$ 401 STREET ADDRESS STREET ADDRESS 6855 ABBOTT AVE UNIT 401 MIAMI BCH, FL 33141 CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH FL Delete Addition ☐ Change TITLE PTD TITLE TD LEON, TUAN 6855 ABBO NAME ALBO, ISPAEL' NAME AU. # 501 ABBOTT STREET ADDRESS STREET ADDRESS 6855 ABBOTT AVE UNIT 204 MIAMI BOH, FL CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH FL Addition Change\_\_\_ SD Delete TITLE TITLE LOPEZ, ELIZABETH 6855 ABBOTT AV. + 804 MIANI DCH, FC 33141 CANCHEZ, MARIÂ NAME NAME STREET ADDRESS 6855 ABBOTT AVE UNIT 202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ 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