

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90217 032 *****61.25

DOCUMENT # N96000003558

1. Entity Name
VILLA REAL CONDOMINIUM NO. 2 ASSOCIATION, INC.



Principal Place of Business
**11030 NORTH KENDALL
SUITE 100
MIAMI, FL 33176**

Mailing Address
**11936 SW 8 STREET
MIAMI, FL 33184**

2. Principal Place of Business

3. Mailing Address



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0693812

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

**GONZALEZ, JESUS R
11936 SW 8TH ST
MIAMI, FL 33184**

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

T ☒ Delete
NAME **MONTANA, LUIS**
STREET ADDRESS **1132 NW 124 PLACE**
CITY-STATE-ZIP **MIAMI, FL 33182**

SD ☐ Delete
NAME **SALEZAR, MICHELLE**
STREET ADDRESS **1156 NW 124 PL**
CITY-STATE-ZIP **MIAMI, FL 33182**

D ☐ Delete
NAME **GUERRA, ANA I**
STREET ADDRESS **1175 NW 124 PL**
CITY-STATE-ZIP **MIAMI, FL 33182**

P ☐ Delete
NAME **GARCIA, LUIS R**
STREET ADDRESS **1151 NW 124 PLACE, #104**
CITY-STATE-ZIP **MIAMI, FL 33182**

D ☐ Delete
NAME **PRADA, GUILLERMO**
STREET ADDRESS **1168 NW 124 PL**
CITY-STATE-ZIP **MIAMI, FL 33182**

☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-STATE-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS R. GARCIA

04/22/03

Date

Daytime Phone #

CR2E037 (10/02)