

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90903 032 \*\*\*\*70.00

**DOCUMENT # N96000003911**

1. Entity Name

**VISTA ALEGRE TOWNHOMES VILLAS PROPERTY OWNERS AS SOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O 11936 SW 8 STREET  
 MIAMI FL 33184

C/O 11936 SW 8 STREET  
 MIAMI FL 33184

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0718062**

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

**SKRLD, INC.**  
**201 ALHAMBRA CIRCLE, STE. 1102**  
**CORAL GABLES FL 33134**

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 **PD**  Delete  
 NAME **NEGRON, LOUIS**  
 STREET ADDRESS **13310 SW 152 STREET, #3102**  
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VSD**  Delete  
 NAME **NESTE, MIGDALIA**  
 STREET ADDRESS **13371 SW 153 STREET, #1103**  
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE  Change  Addition  
 NAME **Jean Claude Noel VSD**  
 STREET ADDRESS **15321 SW 133 Pl. #1008**  
 CITY-ST-ZIP **Miami, FL. 33177**

TITLE **TD**  Delete  
 NAME **CUERVO, LUISA**  
 STREET ADDRESS **15250 SW 134 PLACE #109**  
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE  Change  Addition  
 NAME **Isaac Melamed VSD**  
 STREET ADDRESS **13358 SW 152 St. #2902 TD**  
 CITY-ST-ZIP **Miami, FL. 33177**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **Andy Rodriguez**  
 STREET ADDRESS **15490 SW 134 Pl. # 511**  
 CITY-ST-ZIP **Miami, FL. 33177**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)