2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9600003912 May 24, 2000 8:00 am 1. Entity Name Secretary of State VISTA ALEGRE TOWNHOMES VILLAS STAGE I CONDOMINIU 05-24-2000 90052 003 ****61.25 Mailing Address Principal Place of Business 2160 SW 137 PL LEONARD BRITO, ESQ 8005 N.W. 155TH ST 8005 N.W. 155TH ST MIAMI FL 33016 MIAMI FL 33175-1080 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0718057 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7._Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable GONZALEZ, JESUS R 2160 SW 137 PL **MIAMI FL 33173** 312 Sode 8 4 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable 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 10. 11. **Delete** Addition TITLE TITLE NAME NAME SANCHEZ, ENRIQUE 5250 SW 134 STREET ADDRESS STREET ADDRESS 15300 SW 134TH PL CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33177 ☐ Addition Change TITLE TITLE TS ☐ Delete NAME NAME BUBB, MITCHEL A STREET ADDRESS STREET ADDRESS 15250 SW 134TH PL CITY ST-ZIP CITY-ST-ZIP-MIAMI FL 33177 ☐ Addition Delete TITLE VP TITLE NAME NAME FELIX. RAMON PLACE UNIT 205 153005W STREET ADDRESS STREET ADDRESS 15279 SW 134TH CT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33177 1 Change ☐ Addition Delete TITLE PEREZ, ANTONIO NAME 15239 SW 134 CT. NIT 1304 STREET ADDRESS STREET ADDRESS 15300 SW 134TH PL CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33177 Delete TITLE TITLE NAME NAME 134 PLACE, UNIT III STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

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SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description

Date

Description

Description