

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90029 038 ****61.25

DOCUMENT # N97000001391

1. Entity Name

VISTA ALEGRE TOWNHOMES VILLAS STAGE II CONDOMINI

Principal Place of Business

Mailing Address

2160 SW 137 PL
 MIAMI FL 33175

2160 SW 137 PLACE 11936 SW 8 ST
 SUITE 650
 MIAMI FL 33175-1080 MIAMI, FL 33184
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0744909

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZUK, JEAVA
 2160 SW 137 PLACE
 MIAMI FL 33175

Name **JEVA R. GONZALEZ**
 Street Address (P.O. Box Number is Not Acceptable)
11936 SW 8TH STREET
 City **MIAMI** FL **33184**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P RODRIGUE, ANDRES 15490 SW 134 PLACE #511 MIAMI FL 33174	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	T DUARTE, MORELA 13404 SW 153 TERRACE #2002 MIAMI FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	S RAMOS, AMAURY E 13446 SW 153 TERRACE #2101 MIAMI FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D BRAUD, HENRY J 14435 SW 139 CT MIAMI FL 33186	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D PRETTO, AMAURY 13446 SW 153 TERR #2106 MIAMI FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	



12. I hereby certify that the information supplied with this filing is true and correct. 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: _____ DATE: **05/08/00** DAYTIME PHONE #: **(305) 378-9783**

CR2E037 (9/99)