

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90227 021 \*\*\*\*61.25

**DOCUMENT # N97000001391**

1. Entity Name

**VISTA ALEGRE TOWNHOMES VILLAS STAGE II CONDOMINI**

Principal Place of Business

2160 SW 137 PL  
 MIAMI FL 33175

Mailing Address

2160 SW 137 PLACE  
 SUITE 650  
 MIAMI FL 33175  
 US

2. Principal Place of Business

3. Mailing Address

**11936 SW 8 STREET**

**11936 SW 8 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-0744909**

Applied For

Not Applicable

Zip

**33184**

Country

**USA**

Zip

**33184**

Country

**USA**

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

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

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

**JESUS R. GONZALEZ**

*[Handwritten Signature]*

**2/1/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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 NAME	<b>P</b> <b>RODRIGUE, ANDRO</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>15490 SW 134 PLACE #511</b>	
CITY-ST-ZIP	<b>MIAMI FL 33174</b>	
TITLE NAME	<b>T</b> <b>DUARTE, MORELA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>13404 SW 153 TERRACE #2002</b>	
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	
TITLE NAME	<b>S</b> <b>RAMOS, AMAURY E</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>13446 SW 153 TERRACE #2101</b>	
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	
TITLE NAME	<b>D</b> <b>BRAUD, HENRY J</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>14435 SW 139 CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE NAME	<b>D</b> <b>PRETTO, AMAURY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>13446 SW 153 TERR #2106</b>	
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<b>RODRIGUEZ, ANDRES</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>MIAMI FL 33177</b>	
CITY-ST-ZIP	<b>MIAMI FL 33177</b>	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>MIAMI FL 33177</b>	
CITY-ST-ZIP	<b>MIAMI FL 33177</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>MIAMI FL 33177</b>	
CITY-ST-ZIP	<b>MIAMI FL 33177</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED Rodriguez 2/1/01 305-251-8228**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)