

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004425

1. Entity Name

VILLA REAL CONDOMINIUM NO. 6 ASSOCIATION INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90014 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

11030 NORTH KENDALL DRIVE  
SUITE 100  
MIAMI FL 33176

JESUS R GONZALEZ  
2160 SW 137 PL  
MIAMI FL 33175-1080  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0777946

Applied For

Not Applicable

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

GONZALEA, JESUS R  
2160 SW 137 PL  
MIAMI FL 33175

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 ☒ Delete  
NAME P  
STREET ADDRESS RIPLEY, RONNIE A  
CITY-ST-ZIP 1145 NW 25TH PATH UNIT 202  
MIAMI FL 33182

TITLE ☒ Change ☐ Addition  
NAME T  
STREET ADDRESS ISMIR RIPLEY  
CITY-ST-ZIP 1145 N.W. 125 PATH UNIT 202  
MIAMI, FL. 33182

TITLE ☐ Delete  
NAME S  
STREET ADDRESS MACHADO, JAIME N  
CITY-ST-ZIP 1151 NW 125 PATH UNIT 201  
MIAMI FL 33182

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS MENDEZ, DRIOBAN  
CITY-ST-ZIP 1164 NW 125 PL UNIT 208  
MIAMI FL 33182

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME D  
STREET ADDRESS BETLONDE, JOSE  
CITY-ST-ZIP 1129 NW 125 PATH UNIT 104  
MIAMI FL 33182

TITLE ☐ Change ☐ Addition  
NAME D  
STREET ADDRESS TERESA BERCANDE  
CITY-ST-ZIP 1129 NW 125 PATH UNIT 104  
MIAMI, FL. 33182

TITLE ☐ Delete  
NAME D  
STREET ADDRESS VELA, VILMA C  
CITY-ST-ZIP 1135 NW 125 PATH UNIT 103  
MIAMI FL 33182

TITLE ☒ Change ☐ Addition  
NAME P  
STREET ADDRESS VILMA E. VELA  
CITY-ST-ZIP 1135 NW 125 PATH  
MIAMI FL 33182

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:

*Vilma E. Vela*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00 305-392-5508 X12

Date

Daytime Phone #

CR2E037 (9/99)