2001 UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # N97000004425 1. Entity Name 05-03-2001 90972 034 ****61.25 VILLA REAL CONDOMINIUM NO. 6 ASSOCIATION INC. Principal Place of Business Mailing Address 40197 11030 NORTH KENDALL DRIVE JESUS R GONZALEZ SUITE 100 2160 SW 137 PL MIAMI FL 33176 MIAMI FL 33175 US 2. Principal Place of Business 3. Mailing Address 7250 NE 19th AVENUE 7250 NF 19th AVENUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0777946 NORTH MIAM Not Applicable BEACH NORTH MIAMI Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33162 USA 33162 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MJB Management Service Street Address (P.O. Box Number is Not Acceptable) GONZALEZ JESUS R 17250 NF 19th Avenue 2160 SW 137 PL MIAMI FL 33175 North Miami Beach 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. 2001 SIGNATURE \$5.00 May Be 9. Election Campaign Financing Make Check Payable to **FILE NOW:** Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Addition ☐ Deleta TITLE TITLE RIPLEY, ISMIR MALIF NAME STREET ADDRESS STREET ADDRESS 1145 NW 25TH PATH UNIT 202 CITY-ST-ZIP CITY-ST-2IP MIAMI FL 33182 Change ☐ Addition ☐ Delete TITLE TITLE MACHADO, JAIME N NAME NAME STREET ADDRESS STREET ADDRESS 1151 NW 125 PATH UNIT 201 ·CITY-ST-ZIP~ CITY-ST-ZIP MIAMI FL 33182 -Delete Change Addition TITLE CTITLE MENDEZ, DRIOBAN NAME MAME STREET ADDRESS 1164 NW 125 PL UNIT 208 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33182 CITY-ST-ZIP TITLE TITI F Change ☐ Addition ☐ Delete BERCANDE, TERESA NAME NAME STREET ADORESS 1129 NW 125 PATH UNIT 104 STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP MIAMI FL 33182 Addition TITLE ☐ Delete TITLE ☐ Change VELA, VILMA E NAME NAME STREET ADDRESS STREET ADORESS 1135 NW 125 PATH CITY-ST-7IP CITY-ST-ZIP MIAMB FL 33182 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

April 25.

2001

(305)392-5508

VILON ET TOL SEVILMARIOVELA

OF SIGHING OFFICER OR DIRECTOR

SKINATURE AND TYPED OR PROVIED MAN

SIGNATURE:

FILED

Jun 06, 2001 8:00 am