

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90130 037 \*\*\*\*61.25

**DOCUMENT # N97000004425**

1. Entity Name

**VILLA REAL CONDOMINIUM NO. 6 ASSOCIATION INC.**



Principal Place of Business

**17250 NE 19 AV  
MIAMI FL 33162**

Mailing Address

**17250 NE 19 AV  
MIAMI FL 33162  
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

**MBJ MANAGEMENT SERVICE  
17250 NE 19 AV  
MIAMI FL 33162**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD RIPLEY, ISMIR 1145 NW 25TH PATH UNIT 202 MIAMI FL 33182</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DD TD Cruz Israel M. 1152 NW 125th Pl # 107 Miami FL 33182</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MACHADO, JAIME N 1151 NW 125 PATH UNIT 201 MIAMI FL 33182</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Torres Ramiro A 1172 NW 125th Pl # 209 Miami FL 33182</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BERCANDE, TERESA 1129 NW 125 PATH UNIT 104 MIAMI FL 33182</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD VELA, VILMA E 1135 NW 125 PATH MIAMI FL 33182</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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:**

**SIGNATURE REQUIRED**

**4-26-03 305-940-8795**

CR2E037 (10/02)