

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90853 027 \*\*\*\*70.00

**DOCUMENT # N97000005773**

1. Entity Name

**VILLA LAGO DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

**C/O CENTRO CAMPESINO FARMWORKER CENTER INC  
 35801 SW 186 AVENUE  
 FLORIDA CITY FL 33034**

**PO BOX 343449  
 FLORIDA CITY FL 33034-0449**

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

**65-0801824**

Applied For

Not Applicable

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

**WOLFE, LEON J  
 C/O BERMAN WOLFE & RENNERT, P.A.  
 100 SOUTHEAST SECOND ST SUITE 3500  
 MIAMI FL 33131-2130**

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 **D SEGOR, JOSEPH**  
 STREET ADDRESS **12815 SW 112 COURT**  
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D JENSEN, ROBERT**  
 STREET ADDRESS **18640 SW 295 TERRACE**  
 CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D GARCIA, SANTIAGO**  
 STREET ADDRESS **20190 SW 286 STREET**  
 CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D MAINSTER, STEVEN**  
 STREET ADDRESS **PO BOX 343449 N/A**  
 CITY-ST-ZIP **FLORIDA CITY FL 33034**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D JOGLAR, NORBERTO**  
 STREET ADDRESS **PO BOX 343449 N/A**  
 CITY-ST-ZIP **FLORIDA CITY FL 33034**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D TALCOTT, CHRISTINE**  
 STREET ADDRESS **PO BOX 343449 N/A**  
 CITY-ST-ZIP **FLORIDA CITY FL 33034**

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:

*SIGNATURE NORBERTO JOGLAR*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/00*  
 Date

*(305) 245-7738*  
 Daytime Phone #

CR2E037 (9/99)