

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003168

1. Entity Name

VILLA DORAL CONDOMINIUM NO. 4 ASSOCIATION, INC.

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90007 001 ****61.25

Principal Place of Business

Mailing Address

11030 NORTH KENDALL DRIVE SUITE 100
MIAMI FL 33176

11030 NORTH KENDALL DRIVE SUITE 100
MIAMI FL 33176-1220

2. Principal Place of Business

4716-12-64-60 NW 114 AVE

3. Mailing Address

P.O. Box 226443

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number

65-0949039

Applied For

Not Applicable

Zip
33178

Country
Miami-DADE

Zip
33122

Country
Miami-DADE

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

VENTO, WILLIAM
11030 NORTH KENDALL DRIVE SUITE 100
MIAMI FL 33176

Name

JESUS R. GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)

11936 SW 8TH STREET

City

Miami

FL

Zip Code

33184

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 NAME STREET ADDRESS CITY-ST-ZIP	DP VENTO, WILLIAM 11030 NORTH KENDALL DRIVE SUITE 100 MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AVILA, RIGOBERTO 11030 NORTH KENDALL DRIVE SUITE 100 MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT AVILA, YESENIA 11030 NORTH KENDALL DRIVE SUITE 100 MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENNY A. SETIEN 4716 N.W. 114 AVE. UNIT 102 MIAMI, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUSTAVO CASTILLO 4712 N.W. 114TH AVE. UNIT 102 MIAMI, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARIA A. HERNANDEZ 4764 N.W. 114TH AVE. UNIT 204 MIAMI, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMON O. MONIZ 4764 N.W. 114TH AVE. UNIT 104 MIAMI, FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAVIER SANCHEZ 4764 NW 114 AVE UNIT 203 MIAMI, FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-2000 305 629 9021

Date

Daytime Phone #

CR2E037 (1/99)