

2001 UNIFORM BUSINESS REPORT (UBR)

07-07-2001 20007 011 ***158.75
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PS193

01 JUL -6 AM 10:46

DOCUMENT # P00000009955

1. Entity Name
VILLA MARGO VII, INC.

Principal Place of Business Mailing Address
223 S.W. 31 ROAD **223 S.W. 31 ROAD**
MIAMI FL 33129 **MIAMI FL 33129**

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 **65-1046789** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PILOTO, JOSE
223 S.W. 31 ROAD
MIAMI FL 33129

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PILOTO, JOSE 223 S.W. 31 ROAD MIAMI FL 33129 <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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Piloto, Jose 223 S.W. 31 Road Miami, FL 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Piloto, Margarita 223 S.W. 31 Road Miami, FL 33129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: *Margarita Piloto* **Margarita Piloto, Vice-Pres.** Date: **6/29/01** Daytime Phone #: **992-8858**

CR2E034 (10/00)

Attachment

Approved
PO 293

VILLA MARGO VII, INC.
223 S.W. 31 ROAD
MIAMI, FLORIDA 33129
(305) 858-1840

June 25, 2001

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Document No.

P00000009955

Dear Sir or Madam:

The purpose of this letter is to explain the reason why we missed the May 1, 2001, deadline for filing our UBR. We had some overwhelming circumstances relative to the health of both parents which concluded in lengthy hospitalizations, difficult decisions and many worries. This situation began in April, and on May 1st (hospital form is attached) there was a hospital discharge for which we had to carefully hire help at home for Romelia Piloto, the corporate president's mother and her husband who is also ill.

We have eight corporations, Villa Margo I through VII, and Luciano & Associates, Inc. The late fee for filing all eight UBRs would be devastating at this time in our personal life. We beg you to please forgive this oversight and accept our payment for \$150., plus \$8.75 for the Certificate of Status.

We pray that you understand our situation and apologize for the oversight. We greatly appreciate your consideration in this matter.

Sincerely,



Margarita Piloto
Vice President

Enclosure (UBR plus fees)

Attachment

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Pg 3 of 3



PILOTO, ROMELIA
2544 SOLEPCOU, RAFAEL J
0037275251117
05/07/01

P00000009955

DISCHARGE INSTRUCTION RECORD

Date: 5/1/01 Time: Accompanied by:

Dado de Alta en la Unidad: Ambulatorio Via Silla de Ruedas Camilla Ambulancia
Forma de Transporte: Por si Mismo Miembro de la Familia Van Ambulatorio W/C Van Camilla Ambulancia
Condicion del Paciente: Estable Otra forma

IV/Heparin Lock Removido: Si No NA no SIS of needles or infiltration to site

Medicinas	Dosis	Via	Frecuencia	Rx Dada	Hora y Dia de la Proxima Medicina
Reglan 10mg	una tableta		antes de comer		7:30 - 11:30 am - 4:30 pm

Medicinas Traidas de la Casa - Devuelta: Si NA
Instrucciones de Comida y Medicinas Revisadas con el Paciente: (vea el lado opuesto)
Proceso Educativo Completado con el Paciente: Medicina Actividad Dieta Discusion de la enfermedad
Actividad: at home Limitaciones / Restricciones: No Si

Actividades Funcionales:
Habilidad de apoyarse: No Punta del dedo Parcial Completo De acuerdo con su tolerancia
Instrumentos Asistentes: No-ambulatorios W/C restringido Walker Muletas Baston Otra persona Ninguno
Ambulatorio: Independiente Supervision Asistido No apto
Transferidos: Independiente Supervision Asistido No apto
Actividades Diarias: Independiente Supervision Asistido No apto
Tragando: No restringido Restringido

Tratamientos: none

Dieta: Baja sal ni grasa dieta

Referencias a la Comunidad (Equipo Medico, Compania de Enfermeras, etc.)

Agencia	Servicios Brindados	Telefono
<u>None</u>		

Citas Medicas:

Con Quien	Cuando	Telefono
<u>Dr - Solepcou, Rafael</u>	<u>Monday</u>	<u>(708) 642-0080</u>
	<u>cita</u>	

He recibido y comprendo las instrucciones que se me dieron al darme de alta y tengo todos mis efectos personales. Si tiene alguna pregunta, por favor, consulte a su medico.

Romelia Peloto
Firma del Paciente

J. Blazek
Firma de la Enfermera o del Medico