

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90007 039 ***150.00

DOCUMENT # P00000068357

1. Entity Name

GARDEN VIEW VILLA HOMES, INC.

Principal Place of Business

1925 BRICKELL AVENUE**SUITE D206****MIAMI FL 33129**

Mailing Address

1925 BRICKELL AVENUE**SUITE D206****MIAMI FL 33129**

2. Principal Place of Business

7901 W. 25 AVE.

3. Mailing Address

7901 W. 25 AVE.

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

#3

City & State

HIACLEAH, FL.

City & State

HIACLEAH, FL.

Zip

33016

Country

Zip

33016

Country

4. FEI Number

65-1026685

Applied For

Not Applicable

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

BESU, ROGER**1925 BRICKELL AVENUE****SUITE D206****MIAMI FL 33129**

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAFULS, RICHARD 7901 W. 25 AVE., BAY #3 HIACLEAH FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAFULS, RICHARD ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARRERO, HECTOR 7901 W. 25 AVE., BAY #3 HIACLEAH FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 113.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Rafuls*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*RICHARD RAFULS**4/25/02* *(305) 883-8881*

Date

Daytime Phone #