

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098163

1. Entity Name
VILLATRE DUGARD, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90158 011 ***150.00

Principal Place of Business
3900 NW 79TH AVE SUITE 326
MIAMI FL 33166

Mailing Address
3900 NW 79TH AVE SUITE 326
MIAMI FL 33166

00045508



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4097 LAKESIDE DR.
Suite, Apt. #, etc.

3. Mailing Address
4097 LAKESIDE DR.
Suite, Apt. #, etc.

City & State
TAMARAC, FL.

City & State
TAMARAC FL.

4. FEI Number
65-1048173

Applied For
Not Applicable

Zip
33319

Country

Zip
33319

Country

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

CERRO, RAQUEL
3900 NW 79TH AVE SUITE 326
MIAMI FL 33166

Name
Villatre Dugard

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

4097 LAKESIDE DR.

City
TAMARAC

FL

Zip Code
33319

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 *Villatre Dugard*
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/01
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
NAME
CERRO, RAQUEL
STREET ADDRESS
3900 NW 79TH AVE SUITE 326
CITY-ST-ZIP
MIAMI FL 33166 ☒ Delete

TITLE
P.
NAME
Villatre Dugard
STREET ADDRESS
4097 Lakeside Dr.
CITY-ST-ZIP
Tamarac, FL. 33319 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Villatre Dugard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01
Date Daytime Phone #

CR2E034 (10/00)