

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90184 011 \*\*\*150.00

DOCUMENT # *P01090013493*

1. Entity Name *Villa Berta*

**DO NOT WRITE IN THIS SPACE**

**B0128170**

2. Principal Place of Business

*715 S Shore Dr*

3. Mailing Address

*715 S Shore Dr*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*MIAMI BEACH-FL*

City & State

*MIAMI BEACH-FL*

4. FEI Number

*65-1075210*

Applied For

Not Applicable

Zip

*33141*

Country

*US*

Zip

*33141*

Country

*US*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

*MARIA E-VAN SICKLE*

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

*715 S Shore Dr*

*MIAMI BEACH*

City

**FL**

Zip Code

*33141*

**DO NOT WRITE  
IN THIS SPACE**

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

*Maria E Van Sickle*  
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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 *President*  
NAME *MARIA E-VAN SICKLE*  
STREET ADDRESS *715 S Shore Dr*  
CITY-ST-ZIP *MIAMI BEACH, FL 33141*

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Maria E Van Sickle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*7/1/02*  
305-867-0648  
867-255-0675  
Daytime Phone #

CR2E034B (12/01)

Attachment  
#ED10000B493  
B0128170

July 1 - 2001

Department of State.

Please be advise - Villa Berta did not received a the form for 2002.

I have contacted you several times via internet - without being able to obtain the form.

I called your department last week and spoke to a rep - who expert mailed me the form.

Please revised the correct mailing address for future mailings.

Thank you - If any question arises please contact me as soon as possible.

Sincerely

Maria Van Sickle  
President