

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-24-2002 90275 036 ***150.00

DOCUMENT # P01000015025

1. Entity Name

VILLA & IVEY REALTY, INC.

Principal Place of Business

730 S.E. 8TH ST., STE. 106
 HIALEAH FL 33010

Mailing Address

730 S.E. 8TH ST., STE. 106
 HIALEAH FL 33010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15315 NW 60 AVE

3. Mailing Address

Suite, Apt. #, etc.
 B

City & State

Miami Lakes

City & State

Miami Lakes

4. FEI Number

65-1101145

Applied For

Not Applicable

Zip

33014

Country

Dade

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

VILLAMAYOR, JACQUELINE J
 730 S.E. 8TH ST., STE. 106
 HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name

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

15315 NW 60 AVE

Suite B

City

Miami Lakes

FL

Zip Code

33014

B. 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	VILLAMAYOR, JACQUELINE J	
STREET ADDRESS	6530 MIAMI LAKEWAY SOUTH	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	IVEY, JOSEFA	
STREET ADDRESS	14445 LAKE CANDLEWOOD CT.	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacqueline J. Villamayor

4/14/02 305-793N75

Daytime Phone #

CFR2034 (9/01)