

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90199 039 ***150.00

003154 AV

DOCUMENT # **P01000080112**



1. Entity Name
BUENA VISTA COURTYARD VILLA CORP.

Principal Place of Business
**4312 EL MAR DRIVE
COURTYARD VILLA
FORT LAUDERDALE FL 33308**

Mailing Address
**4900 N OCEAN BLVD #406
FORT LAUDERDALE FL 33308**

10021660



2. Principal Place of Business
4225 EL MAR DRIVE

3. Mailing Address
4225 EL MAR DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
FORT LAUDERDALE, FL

City & State
FORT LAUDERDALE, FL

4. FEI Number **65-1129501**

Applied For
Not Applicable

Zip **33308**

Country **USA**

Zip **33308**

Country **USA**

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

**MULLEN, JOSEPH P ESQ
C/O MULLEN & BIZZARRO PA
2929 EAST COMMERCIAL BLVD SUITE PH-C
FORT LAUDERDALE FL 33308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Joseph P. Mullen*

1/15/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **DP HOSHKO, THOMAS**
STREET ADDRESS **2716 NE 30TH AVENUE**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE Change Addition
NAME
STREET ADDRESS **4900 N. Ocean Blvd. #208**
CITY-ST-ZIP **FT. Lauderdale, FL. 33308**

TITLE Delete
NAME **DV HOSHKO, LOUELLEN**
STREET ADDRESS **2716 NE 30TH AVENUE**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE Change Addition
NAME
STREET ADDRESS **(Same address as above)**
CITY-ST-ZIP

TITLE Delete
NAME **DV HOSHKO, THOMAS PAUL**
STREET ADDRESS **4900 N OCEAN BLVD #406**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE Change Addition
NAME
STREET ADDRESS **140 Cypress Club Drive #421**
CITY-ST-ZIP **Pompano Beach, FL. 33060**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/12/03

**EXT. 110
954-489-9870**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)