

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

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FILED

03 NOV 13 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000086338

1. Entity Name

VILLAS DEL CAMPO DEVELOPMENT, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
901 Ponce de Leon Blvd.

3. Mailing Address
2588 SW 27th Ave.

Suite, Apt. #, etc.
Suite 601

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Coral Gables, FL

City & State
Miami, FL

4. FEI Number 03-0386792

Applied For
Not Applicable

Zip
33134

Country
U.S.

Zip
33133

Country
U.S.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Consulting Services Of South Florida, Inc.

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

2588 SW 27th Ave.

City Miami

FL Zip Code
33133

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME Torres, Zoe A
STREET ADDRESS 9200 S. Dadeland Blvd. #600, Mia., FL 33156
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000024918500
11/21/03--01019--014 **300.00

TITLE SD
NAME Sori, Rodolfo F.
STREET ADDRESS 9200 S. Dadeland Blvd. #600, Mia., FL 33156
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP
NAME Corona, Maria Gabriela
STREET ADDRESS 14106 SW 29th Street, Miramar, FL 33027
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE D
NAME Corona, Miguel Felipe
STREET ADDRESS 14106 SW 29th Street, Miramar, FL 33027
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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REINSTATEMENT 03 IS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

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TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

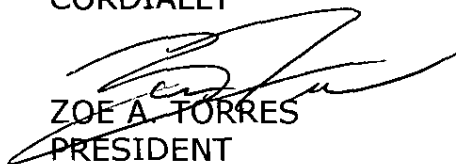
TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2003
UNIFORM BUSINESS REPOR. I HAVE NOT CHANGED MY PRINCIPAL OR
MAILING ADDRESS SINCE I INCORPORATED.

I MADE A CHANGE IN BANKING ACCOUNTS WHEN I FOUND OUT THAT I
WAS NOT ACTIVE WITH YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN
EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE
ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY


ZOE A. TORRES
PRESIDENT