FILED
Mar 13, 2003 8:00 am
Secretary of State
03-13-2003 90071 049 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000072174

1. Entity Name
VISTA ALEGRE APARTMENTS, INC.

70027652

Principal Place of Business	Mailing Address
13150 MEMORIAL HIGHWAY MIAMI, FL	13150 MEMORIAL HIGHWAY MIAMI, FL

2. Principal Place of Business	3. Mailing Address
	720 SW 97th Court Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Miami, FL
City & State	City & State
Zip / Country	Zip: 33174 / Country: Miami-Dade

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 11-3662315

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLAVELL, ROBERT ESQ
100 N BISCAYNE BLVD STE 2800
MIAMI, FL 33132

7. Name and Address of New Registered Agent

Name: Ramon, Elvis
Street Address (P.O. Box Number Is Not Acceptable): 720 SW 97th Court Circle
City: Miami FL Zip Code: 33174

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, a... the obligations of registered agent.

SIGNATURE: Elvis Ramon, Elvis Ramon 3/10/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 Added to

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	RAMON, ELVIS	
STREET ADDRESS	13150 MEMORIAL HIGHWAY	
CITY-ST-ZIP	MIAMI, FL	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	PS	☐ Change
NAME	Ramon, Elvis	
STREET ADDRESS	720 SW 97th Court Circle	
CITY-ST-ZIP	Miami, FL 33174	
TITLE	VPT	☐ Change
NAME	Ramon, Sandra	
STREET ADDRESS	720 SW 97th Court Circle	
CITY-ST-ZIP	Miami, FL 33174	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change

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 infor... 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 ... 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 Bl... changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elvis Ramon, Elvis Ramon 3/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #