

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90118 016 ***158.75

DOCUMENT # P94000052147

1. Entity Name

VISTA ALEGRE RENTAL APARTMENTS, INC.

Principal Place of Business

15569 N.W. 83 COURT
 MIAMI FL 33186
 US

Mailing Address

15569 N.W. 83 CT.
 MIAMI FL 33186
 US

2. Principal Place of Business

15569 N.W. 83 COURT

Suite, Apt. #, etc.

MIAMI LAKES, FL.

City & State

33016-5834

Zip

Country

U.S.A.

3. Mailing Address

15569 N.W. 83 COURT

Suite, Apt. #, etc.

MIAMI LAKES, FL.

City & State

33016-5834

Zip

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0514146

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTEVANELL, ALEJO
15569 N.W. 83 CT.
MIAMI FL 33186

7. Name and Address of New Registered Agent

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.

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, 2001 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	ESTEVANELL, ALEJO	
STREET ADDRESS	15569 N.W. 83 CT.	
CITY-ST-ZIP	MIAMI FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTEVANELL, ALEJO	
STREET ADDRESS	15569 N.W. 83 COURT	
CITY-ST-ZIP	MIAMI LAKES, FL. 33016-5834	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENDEZ, YOLANDA C.	
STREET ADDRESS	15569 N.W. 83 COURT	
CITY-ST-ZIP	MIAMI LAKES, FL. 33016-5834	
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
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

Alejo Estevanell PD

Date

1-29-01 305-828-0640

Daytime Phone #

CR2E034 (10/00)