

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90003 037 ***150.00

0142008 AVI

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State		
Zip	Country	Zip	Country

4. FEI Number 65-0514146	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ESTEVANELL, ALEJO 15569 N.W. 83 CT. MIAMI FL 33186	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME: ESTEVANELL, ALEJO <input type="checkbox"/> Delete STREET ADDRESS: 15569 N.W. 83 CT. CITY-ST-ZIP: MIAMI LAKES FL 33016-5834	
TITLE: VD NAME: MENDEZ, YOLANDA C <input type="checkbox"/> Delete STREET ADDRESS: 15569 NW 83RD CT CITY-ST-ZIP: HIALEAH FL 33016-5834	
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 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 REQUIRED** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E034 (9/01)