

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P44000070327**

1. Entity Name
VILLA URSULA Home, Inc.

FILED

00 JUL 27 AM 10: 23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**3341 NW 34th Ave
Miami, FL 33125**

Mailing Address
Same

2. Principal Place of Business
3341 NW 34th Ave

3. Mailing Address

Suite, Apt. #, etc.

6/12/08 90001/048 \$150.00
DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State

4. FEI Number
65-0547623

Applied For
 Not Applicable

Zip
33123

Country
DAVE

Zip

Country

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

**Lugo URSULA
3341 N.W. 18 TERRACE
MIAMI, FL 33125**

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 _____ (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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 P	Ursula Lugo 3341 NW 34 Avenue Miami, FL 33125 <input type="checkbox"/> Delete
TITLE VP	Thomas Lugo 3341 NW 34 Avenue Miami, FL 33125 <input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	authorization given by Thomas Lugo to fill in off dir. info. <input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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 SIGNER - OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____