

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90064 010 ***150.00

DOCUMENT # PA4000070327
1. Entity Name
Villa Ursula Home, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1528 NW 34 Ave.
Suite, Apt. #, etc.

3. Mailing Address
3341 NW 34 Ave.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Miami, FL Country
City & State Miami, FL Country
4. FEI Number 025-0547623 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent
Name Ursula Lugo
Street Address (P.O. Box Number is Not Applicable)
3341 NW 34 Ave.
City Miami FL Zip Code 33125

**DO NOT WRITE
IN THIS SPACE**

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 date of application (NO FL Registered Agent signature required when transferring) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>P Ursula Lugo 3341 NW 34 Ave. Miami, FL 33125</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP Tomas Lugo 3341 NW 34 Ave. Miami, FL 33125</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF AGENT, OFFICER OR DIRECTOR

4-25-02
Date

Daytime Phone #

CR260346 (12/01)