2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am Secretary of State DOCUMENT # P95000010473 1. Entity Name 05-02-2002 90028 018 ***150.00 VILA'S III, CORP. Principal Place of Business Mailing Address 1208 NORTH STATE ROAD 7 1208 NORTH STATE ROAD 7 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0552927 Not Applicable Country _Zip..__ \$8.75, Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, IRVING J Street Address (P.O. Box Number is Not Acceptable) 4431 S.W. 64TH AVENUE SUITE 112 DAVIE FL 33314 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) ☐ Addition NAME VILLARINO, ANTONIO NAME STREET ÁDDRESS 1417 E. COMMERCIAL BLVD. STREET ADDRESS CITY-ST-ZIP OAKLAND PARK FL 33334 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME VILARINO, NILDA E NAME STREET ADDRESS 1417 E. COMMERCIAL BLVD. STREET ADDRESS CITY - ST - ZIP - -OAKLAND PARK FL --CITY-ST-ZIP 🗻 TITLE Delete TITL F ☐ Change ☐ Addition NAME VILARINO, NILDA A NAME STREET ADDRESS 1417 E. COMMERCIAL BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 0 14.5 TITLE Delete TITLE Change ☐ Addition VILARINO, VILMA V NAME NAME STREET ADDRESS 1417 E. COMMERICAL BLVD STREET ADDRESS CITY-ST-ZIP OAKLAND PARK FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing do not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental report is true are 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 trusted expression of the receiver or trusted expression of the secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report of supplemental report of the corporation or the receiver or trusted en-changed, or on an attachment with en address

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4-15-02

SIGNATURE:

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