

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

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90181 022 ***150.00

DOCUMENT # P96000018570

1. Entity Name

VILLA HABANA ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3622 CORAL WAY

Suite, Apt. #, etc.

3. Mailing Address
3622 CORAL WAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number 65-0637991

Applied For
Not Applicable

Zip
33145

Country
USA

Zip
33145

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: FELIX MARQUEZ

Street Address (P.O. Box Number is Not Acceptable)

3622 CORAL WAY

City MIAMI

FL Zip Code
33145

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

x 2/24/03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	TITLE	NAME
DIRECTOR	FELIX MARQUEZ		
STREET ADDRESS	3622 CORAL WAY	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FLORIDA 33145	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *x [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 2/24/03
Date

x 305 448 6660
Daytime Phone #

CR2E034B (12/02)