

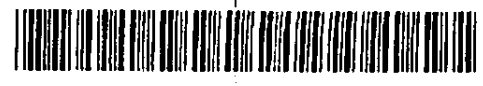
# 2001 UNIFORM BUSINESS REPORT (UBR)

**15193**

07-05-2001 20007 012 \*\*\* 158.75

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUL -6 AM 10:48



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P96000098160**  
1. Entity Name  
**VILLA MARGO I, INC.**

Principal Place of Business <b>223 S.W. 31ST ROAD MIAMI FL 33129</b>	Mailing Address <b>223 S.W. 31ST ROAD MIAMI FL 33129</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>65-0712714</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>PILOTO, JOSE 223 S.W. 31ST ROAD MIAMI FL 33129</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD PILOTO, JOSE 223 S.W. 31ST ROAD MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD PILOTO, MARGARITA 223 SW 31 RD MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *Margarita Piloto* Vice-Pres. 6/29/01 (305) 992-8858  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

*Attachments*

*DA# P96000098160  
A0075939  
Pg 2 of 3*

VILLA MARGO I, INC.  
223 S.W. 31 ROAD  
MIAMI, FLORIDA 33129  
(305) 858-1840

June 25, 2001

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Document No. P96000098160

Dear Sir or Madam:

The purpose of this letter is to explain the reason why we missed the May 1, 2001, deadline for filing our UBR. We had some overwhelming circumstances relative to the health of both parents which concluded in lengthy hospitalizations, difficult decisions and many worries. This situation began in April, and on May 1st (hospital form is attached) there was a hospital discharge for which we had to carefully hire help at home for Romelia Piloto, the corporate president's mother and her husband who is also ill.

We have eight corporations, Villa Margo I through VII, and Luciano & Associates, Inc. The late fee for filing all eight UBRs would be devastating at this time in our personal life. We beg you to please forgive this oversight and accept our payment for \$150, plus \$8.75 for the Certificate of Status.

We pray that you understand our situation and apologize for the oversight. We greatly appreciate your consideration in this matter.

Sincerely,



Margarita Piloto  
Vice President

Enclosure (UBR plus fees)



050101

5108 A 0075939

19303

PILOTO, ROMELIA  
2548 SOLERNOU, RAFAEL J  
0037276251117  
01/07/00 F

#0980008760

DISCHARGE INSTRUCTION RECORD

Date: 5/1/01 Time: Accompanied by:

Dado de Alta en la Unidad:  Ambulatorio  Via Silla de Ruedas  Camilla  Ambulancia  
Forma de Transporte:  Por si Mismo  Miembro de la Familia  Van Ambulatorio  W/C Van  Camilla  Ambulancia  
Condicion del Paciente:  Estable  Otra Forma

IV/Heparin Lock Removido:  Si  No  NA no SIS of pedness or infiltration to site

Medicinas	Dosis	Via	Frecuencia	Rx Dada	Hora y Dia de la Proxima Medicina
Reglan 10mg.	una tableta		antes de comer		7:30 A - 11:30 am - 4:30 pm

Medicinas Traidas de la Casa - Devuelta:  Si  NA  
Instrucciones de Comida y Medicinas Revisadas con el Paciente:  (vez el lado opuesto)  
Proceso Educativo Completado con el Paciente:  Medicina  Actividad  Dieta  Discusion de la enfermedad  
Actividad: on plane Limitaciones / Restricciones:  No  Si

Actividades Funcionales:  
Habilidad de apoyarse:  No  Punta del dedo  Parcial  Completo  De acuerdo con su tolerancia  
Instrumentos Asistentes:  No-ambulatorios  W/C restringido  Walker  Muletas  Baston  Otra persona  Ninguno  
Ambulatorio:  Independiente  Supervision  Asistido  No apto  
Transferidos:  Independiente  Supervision  Asistido  No apto  
Actividades Diarias:  Independiente  Supervision  Asistido  No apto  
Tragando:  No-restringido  Restringido

Tratamientos: none

Dieta: Baja Sal ni grasa dieta

Referencias a la Comunidad (Equipo Medico, Compania de Enfermeras, etc.)

Agencia	Servicios Brindados	Telefono
<u>None</u>		

Citas Medicas:

Con Quien	Cuando	Telefono
<u>Dr. Solomon, Rafael</u>	<u>Namar una cita</u>	<u>(305) 642-0080</u>

He recibido y comprendo las instrucciones que se me dieron al darme de alta y tengo todos mis efectos personales. Si tiene alguna pregunta, por favor, consulte a su medico.

Romelia Peloto Firma del Paciente [Signature] Firma de la Enfermera o del Medico