

2001 UNIFORM BUSINESS REPORT (UBR)

P3193
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 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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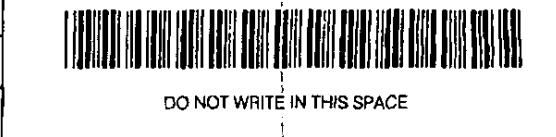
DOCUMENT # P97000001564

1. Entity Name
VILLA MARGO II, INC.

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



4. FEI Number 65-0716351	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PILOTO, JOSE 223 S.W. 31ST ROAD MIAMI FL 33129	7. Name and Address of New Registered Agent 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 _____ DATE _____
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 tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PTD PILOTO, JOSE 223 S.W. 31ST ROAD MIAMI FL 33129 <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	VSD PILOTO, MARGARITA 223 SW 31ST ROAD MIAMI FL 33129 <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 SP

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 4.1 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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

CR2E034 (10/00)

Attachment

A0075937
Pg 2 of 3

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

#P97000001564

June 25, 2001

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

Re: Document No.

P97000001564

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)

Attachments

050181

518 A0075931

PS 343



PILOTO, ROMELIA
2544 SOLENOU, RAFAEL J
0037276251117
06/07/10 F

DISCHARGE INSTRUCTION RECORD

P97C00001564

Date: 5/11/01

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 WIC Van Camilla Ambulancia
 Condicion del Paciente: Estable Otra Forma

IV/Heparin Lock Removido: Si No NA no s/s of redness or infiltration to site

Medicinas	Dosis	Via	Frecuencia	Rx Dada	Hora y Dia de la Proxima Medicina
heglan 10mg	- una tableta		antes de comer		- 7:30 ^{am} - 11:30 ^{am} - 4:30 ^{pm}

Medicinas Traidas de la Casa - Devuelta: Si NA
 Instrucciones de Comida y Medicinas Revisadas con el Paciente: Si (vea el lado opuesto)
 Proceso Educacional Completado con el Paciente: Medicina Actividad Dieta Discusion de la enfermedad
 Actividad: an 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>Manar 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 Efermera o del Medico