

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**  
 08-08-2000 90019 003 \*\*\*550.00

**DOCUMENT # P97000037833**

1. Entity Name  
**K.B. VILLAGE REALTY, INC.**

Principal Place of Business  
 325 FERNWOOD ROAD, SUITE 11  
 KEY BISCAVNE FL 33149

Mailing Address  
 325 FERNWOOD ROAD, SUITE 11  
 KEY BISCAVNE FL 33149



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**SAME AS MAILING ADDRESS**

3. Mailing Address  
**325 Fernwood Rd # 11**

City & State  
**Key Biscayne, FLA**

City & State  
**Key Biscayne, FLA**

4. FEI Number **26-4231941**

Applied For  
 Not Applicable

Zip  
**33149**

Country  
**DADE**

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

**6. Name and Address of Current Registered Agent**

**ANGULO, ANA MARIA**  
**2151 SOUTH LEJEUNE ROAD**  
**SUITE 310**  
**CORAL GABLES FL 33134**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **D** ☐ Delete  
 NAME **VALLS, MARIA E**  
 STREET ADDRESS **325 FERNWOOD ROAD, SUITE 11**  
 CITY-ST-ZIP **KEY BISCAVNE FL 33149**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

SIGNATURE: **SIGNATURE REQUIRED** **July 7 2000** **305 365511**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #