2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P97000101764 Jul 12, 2000 8:00 am 1. Entity Name **Secretary of State** VILLA EMMANUEL, INC. 05-23-2000 90269 044 ***150.00 Principal Place of Business Mailing Address 14300 WEST DIXIE HIGHWAY 14300 WEST DIXIE HIGHWAY NORTH MIAMI FL 33161 NORTH MIAMI FL 33161-3027 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7." Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FREEMAN, FRANK E ESQ Street Address (P.O. Box Number is Not Acceptable) = 11645 BISCAYNE BOULEVARD SUITE 210 NORTH MIAMI FL 33181 Zio Code City 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; typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000-Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS (66/6) 1 'D -TITLÉ ☐ Delete DIVIGNEAD, FRITZ G NAME NAME CR2E034 14300 WEST DIXIE HIGHWAY ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI FL 33161 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ---TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-782 Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7P 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2000

Daytime Phone #