

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90050 041 \*\*\*150.00

DOCUMENT # P97000101764.

1. Entity Name  
 Villa Emmanuel, INC.

Principal Place of Business

Mailing Address

14300 W. Dixie Hwy.  
 North Miami, FL  
 33161

14300 W. Dixie Hwy.  
 North Miami, FL  
 33161

2. Principal Place of Business

3. Mailing Address

14300 W. Dixie Hwy.  
 Suite, Apt. #, etc.

14300 W. Dixie Hwy.  
 Suite, Apt. #, etc.

City & State

City & State

North Miami, FL

North Miami, FL

Zip

Country

Zip

Country

33161

Miami-Dade

33161

Miami-Dade

4. FEI Number

65-0842579

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Freeman, Frank E. Esq.  
 11645 Biscayne Boulevard  
 Ste 210  
 Miami, FL 33181

Name: Fritz G. Duvigneaud  
 Street Address (P.O. Box Number is Not Acceptable): 14300 W. Dixie Hwy.  
 City: North Miami FL Zip Code: 33161

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: *Fritz G. Duvigneaud*

(NOTE: Registered Agent signature required when reinstating)

Fritz G. Duvigneaud

4/29/01

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 \$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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President  
 NAME: Fritz G. Duvigneaud  
 STREET ADDRESS: 14300 W. Dixie Hwy.  
 CITY-ST-ZIP: North Miami, FL 33161

TITLE: ☐ Delete  
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 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ 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 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

Fritz G. Duvigneaud

Date

Daytime Phone #

CR2E034 (1/1/00)