

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000035956**

1. Entity Name

VILLA ESPERANZA APARTMENTS, INC.

Principal Place of Business

430 Opa Locka Blvd.  
Suite 20  
Opa Locka, Florida 33054

Mailing Address

430 Opa Locka Blvd.  
Suite 20  
Opa Locka, Florida 33054

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0793762

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

FILED

00 MAY 12 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

Wolfe, Leon J P.A.  
100 Southeast Second Street  
Miami, Florida 33131-2130

7. Name and Address of New Registered Agent

Name

Lynn C. Washington, Esq.

Street Address (P.O. Box Number is Not Acceptable)

701 Brickell Ave. #2800

City

Miami, Florida

FL

Zip Code  
33131

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

05/11/00

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, 2000 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

TITLE D  
NAME Williams-Baldwin, Stephanie ☐ Delete  
STREET ADDRESS 490 Opa Locka Blvd. #20  
CITY-ST-ZIP Opa Locka, Florida 33054

TITLE D  
NAME Felton, Milton ☐ Delete  
STREET ADDRESS 5190 N.W. 167th Street #202  
CITY-ST-ZIP Miami, Florida 33014

TITLE D  
NAME Logan, Willie ☐ Delete  
STREET ADDRESS 18870 N.W. 53th Terrace  
CITY-ST-ZIP Miami, Florida 33015

TITLE D  
NAME Sabir, Nashid ☐ Delete  
STREET ADDRESS 18350 N.W. 2nd Ave. 5th Floor  
CITY-ST-ZIP Miami, Florida 33169

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 500003263415--1  
CITY-ST-ZIP -05/23/00--01059--024  
\*\*\*\*158.75 \*\*\*\*158.75

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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:

Stephanie Williams-Baldwin President  
Stephanie Williams-Baldwin

05/11/00

Date

Daytime Phone

CR2E034 (9/99)