

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P98000035956

1. Entity Name

VILLA ESPERANZA APARTMENTS, INC.

Principal Place of Business
3430 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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

FILED
00 MAY 12 AM 11:43
SECRETARY OF STATE
TENNESSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0793762	Applied For
	Not Applicable

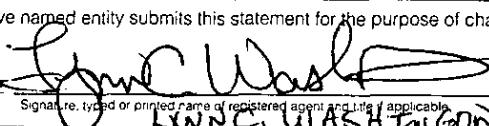
5. Certificate of Status Desired \$8.75 Additional Fee Required

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 state if applicable

(NOTE: Registered Agent signature required when resubmitting)

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 \$5.00 May Be Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

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

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

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

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

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

12.

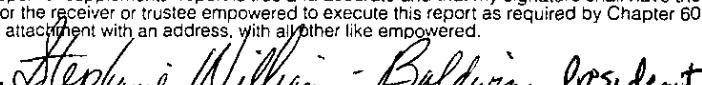
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP Charge Addition

500003263415-1
-05/23/00--01059--024
***158.75 ***158.75

TITLE NAME STREET ADDRESS CITY-ST-ZIP Charge 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: 
Stephanie Williams-Baldwin, President

05/11/00

NAME, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)