

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90120 007 ***158.75

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DOCUMENT # P98000035956

1. Entity Name
VILLA ESPERANZA APARTMENTS, INC.



Principal Place of Business
**490 OPA LOCKA BLVD.
SUITE 20
OPA LOCKA FL 33054**

Mailing Address
**490 OPA LOCKA BLVD.
SUITE 20
OPA LOCKA FL 33054**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0793762**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WASHINGTON, LYNN C ESQ.
701 BRICKELL AVE., #2800
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | WILLIAMS-BALDWIN, STEPHANIE | |
| STREET ADDRESS | 490 OPA LOCKA BLVD.#20 | |
| CITY-ST-ZIP | OPA LOCKA FL 33054 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BARNETT, WILLIE | |
| STREET ADDRESS | 6600 NW 27 AVENUE #109 | |
| CITY-ST-ZIP | MIAMI FL 33147 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LOGAN, WILLIE | |
| STREET ADDRESS | 490 OPA LOCKA BLVD, STE 20 | |
| CITY-ST-ZIP | OPA LOCKA FL 33054 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SABIR, NASHID | |
| STREET ADDRESS | 18350 N.W. 2 AVE. 5TH FLOOR | |
| CITY-ST-ZIP | MIAMI FL 33169 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WILSON, PAULETTE | |
| STREET ADDRESS | 15830 NW 17 COURT | |
| CITY-ST-ZIP | OPA LOCKA FL 33054 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MILLER, JERRY | |
| STREET ADDRESS | 8221 NW 198 STREET | |
| CITY-ST-ZIP | HIALEAH FL 33015 | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephanie Williams-Baldwin* **STEPHANIE WILLIAMS-BALDWIN 4/18/03 (305) 687-3545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)