

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041898

1. Entity Name
VILLAS LAS PALMAS II, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State
04-25-2000 90123 042 ***150.00

Principal Place of Business
710 S DIXIE HWY
CORAL GABLES FL 33146

Mailing Address
710 S DIXIE HWY
CORAL GABLES FL 33146-2602



2. Principal Place of Business
4235 W 16 Ave
Suite, Apt. #, etc. #101
City & State Hialeah, RI
Zip 33012 Country Dade

3. Mailing Address
4235 W 16 Ave
Suite, Apt. #, etc. #101
City & State Hialeah, RI
Zip 33012 Country Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0839935
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CORREA, DANNY ESQ
710 S DIXIE HWY
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent
Name Eddy Garcia
Street Address (P.O. Box Number is Not Acceptable) 4235 W 16 Ave #101
City Hialeah FL Zip Code 33012

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Eddy Garcia	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARAN, FERNANDO S		NAME	4235 W 16 Ave #101	
STREET ADDRESS	710 S DIXIE HWY		STREET ADDRESS	Hialeah, RI 33012	
CITY-ST-ZIP	CORAL GABLES FL 33146		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Marty Caparros Jr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUARCH, J.M. JR		NAME	4235 W 16 Ave #101	
STREET ADDRESS	710 S DIXIE HWY		STREET ADDRESS	Hialeah, RI 33012	
CITY-ST-ZIP	CORAL GABLES FL 33146		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORREA, DANNY		NAME		
STREET ADDRESS	710 S DIXIE HWY		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUIG, JUAN		NAME		
STREET ADDRESS	628 ALEDO AVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 a other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # 305-828-0103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)