

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90048 022 \*\*\*150.00

DOCUMENT # **P98000060879**

1. Entity Name  
**VILA REALTY, INC.**

Principal Place of Business      Mailing Address  
**6314 PAMBROKE RD**      **6314 PAMBROKE RD**  
**MIRAMAR FL 33023**      **MIRAMAR FL 33023**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**6314 PAMBROKE RD.**      **6314 PAMBROKE RD.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**MIRAMAR, FL.**      **MIRAMAR, FL.**  
 Zip      Zip      Country      Country  
**33023**      **33023**      **USA**      **USA**

4. FEI Number      Applied For  
**65-0608785**      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

**VILA, LUIS**  
**6314 PAMBROKE RD**  
**MIRAMAR FL 33023**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD VILA, LUIS 588 NE 199TH N. MIAMI BEACH FL 33179</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD HUERTA, LILLIAN 588 NE 199TH N. MIAMI BEACH FL 33179</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Luis Vila*      1/14/02 (Bar) 652-7101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)