

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90223 024 \*\*\*150.00

DOCUMENT # *P98000060879*

1. Entity Name

*VILA REALTY, INC.*



**DO NOT WRITE IN THIS SPACE**

**70009921**

2. Principal Place of Business

*6314 Pembroke Rd*

3. Mailing Address

*6314 Pembroke Rd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*MIRAMAR, FL*

City & State

*MIRAMAR, FL*

4. FEI Number

*65-0608785*

Applied For

Not Applicable

Zip

*33023*

Country

*USA*

Zip

*33023*

Country

*USA*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

*Vila, Luis*

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

*6314 Pembroke Rd*

City

*MIRAMAR*

FL

Zip Code

*33023*

**DO NOT WRITE  
IN THIS SPACE**

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

*[Signature]*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/13/03*

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	<i>PO</i>	TITLE	
NAME	<i>VILA, Luis</i>	NAME	
STREET ADDRESS	<i>588 NE 194 TR</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>MIAMI, FL 33179</i>	CITY-ST-ZIP	
TITLE	<i>VPD</i>	TITLE	
NAME	<i>HEARTA, LILLIAN</i>	NAME	
STREET ADDRESS	<i>588 NE 194 TR</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>MIAMI, FL 33179</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/13/03 (95) 652-7105*  
Date Daytime Phone #

CR2E034B (12/02)