

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-15-2003 90175 008 ***158.75

DOCUMENT # P98000086014

1. Entity Name
VIZCAYA VILLAS, INC.



Principal Place of Business
**1800 WEST 49TH ST.
SUITE 134
HIALEAH FL 33012**

Mailing Address
**1800 WEST 49TH ST.
SUITE 134
HIALEAH FL 33012**

2. Principal Place of Business
8514 NW 165 ST.
Suite, Apt. #, etc.

3. Mailing Address
8514 NW 165 ST.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI LAKES FL
Zip
33016 Country
USA

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MIAMI LAKES FL
Zip
33016 Country
USA

4. FEI Number
65-0882153

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CRUZ, HOMERO
16543 NW 83RD PLACE
MIAMI FL 33016**

7. Name and Address of New Registered Agent

Name
JESUS MONTESANO
Street Address (P.O. Box Number is Not Acceptable)
8514 NW 165TH STREET
City
MIAMI LAKES FL Zip Code
33016

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 **JESUS MONTESANO / DIRECTOR 1/3/03**
Signature, typed or printed name of registered agent and title if applicable.

(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 NAME STREET ADDRESS CITY-ST-ZIP	D MONTESANO, JESUS 8514 NW 165TH ST. MIAMI FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMAH, MIGUEL 8371 NW 166TH TERRACE MIAMI FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, HOMERO 1800 WEST 49TH ST., SUITE 134 HIALEAH FL 33012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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: **JESUS MONTESANO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/03 (305) 275-0208
Date Daytime Phone #

CR2E034 (10/02)