

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087178

1. Entity Name

VILLA VERDE I, PROPERTY MANAGEMENT, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90082 023 ***150.00

Principal Place of Business	Mailing Address
2455 HOLLYWOOD BLVD. #208 HOLLYWOOD FL 33020	2455 HOLLYWOOD BLVD. #208 HOLLYWOOD FL 33020-6605

2. Principal Place of Business 14101 Luray Rd. Suite, Apt. #, etc.	3. Mailing Address 14101 Luray Rd. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Ft. Lauderdale FL	City & State Ft. Lauderdale FL	4. FEI Number 65-0868540	Applied For <input type="checkbox"/>
Zip 33330	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, MICHAEL L ESQ.
 2300 EAST LAS OLAS BOULEVARD
 FOURTH FLOOR
 FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name: Tina Grene
 Street Address (P.O. Box Number is Not Acceptable): 14101 Luray Rd.
 City: Ft. Lauderdale FL Zip Code: 33330

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: *[Signature]* Tina Grene - Pres. DATE: 2/22/00

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRENE, TINA 3808 NE 209 TERRACE AVENTURA FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14101 Luray Rd. Ft. Lauderdale, FL 33330
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
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
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
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
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

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: *[Signature]* Tina Grene DATE: 2/22/00 DAYTIME PHONE #: 305-535-8922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)