

# 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.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale FL  
Zip 33330 Country USA

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Ft. Lauderdale FL  
Zip 33330 Country USA

4. FEI Number

65-0868540

Applied For

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

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

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 Tina Grene - Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRENE, TINA	
STREET ADDRESS	3808 NE 209 TERRACE	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	14101 Luray Rd.
CITY-ST-ZIP	Ft. Lauderdale, FL 33330
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 all other like empowered.

SIGNATURE: Tina Grene  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00

Date

305-535-8922

Daytime Phone #

CR2E034 (9/99)