2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

TYPED OR PRINTED

May 13, 2000 8:00 am Secretary of State DOCUMENT # P98000092417 VILLA MARGO VI, INC. 05-13-2000 90023 013 ***158.75 Mailing Address Principal Place of Business 223 SW 31ST RD 223 SW 31ST RD MIAMI FL 33129-2728 MIAMI FL 33129 **U U U U U U U U U** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State applied for 65-*095*618 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent _7... Name and Address of New Registered Agent Name PILOTO, JOSE Street Address (P.O. Box Number is Not Acceptable) 223 SW 31ST RD **MIAMI FL 33129** Zip Code City FL 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD Change ☐ Addition ☐ Delete TITLE PILOTO, JOSE NAME 223 SW 31 ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 VSD ☐ Change ☐ Addition TITLE ☐ Delete NAME PILOTO, MARGARITA NAME STREET ADDRESS 223 S.W. 31 ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33129** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS 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 12 changed, or on an attachment with an addre