

2001 UNIFORM BUSINESS REPORT (UBR)

19173
014740

07-05-2001 90007 010 ***158.75
FILED P98000092417
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL -6 AM 10:45



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000092417
1. Entity Name
VILLA MARGO VI, INC.

Principal Place of Business 223 SW 31ST RD MIAMI FL 33129	Mailing Address 223 SW 31ST RD MIAMI FL 33129
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country

4. FEI Number 65-0956182	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent

**PILOTO, JOSE
223 SW 31ST RD
MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD PILOTO, JOSE 223 SW 31 ROAD MIAMI FL 33129 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PILOTO, MARGARITA 223 S.W. 31 ROAD MIAMI FL 33129 <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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Jose Piloto Margarita Piloto Vice-Pres. 6/29/01 9928858 **SP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

A00759411
98293

Attachment

VILLA MARGO VI, INC.
223 S.W. 31 ROAD
MIAMI, FLORIDA 33129
(305) 858-1840

June 25, 2001

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Document No. P98000092417

Dear Sir or Madam:

The purpose of this letter is to explain the reason why we missed the May 1, 2001, deadline for filing our UBR. We had some overwhelming circumstances relative to the health of both parents which concluded in lengthy hospitalizations, difficult decisions and many worries. This situation began in April, and on May 1st (hospital form is attached) there was a hospital discharge for which we had to carefully hire help at home for Romelia Piloto, the corporate president's mother and her husband who is also ill.

We have eight corporations, Villa Margo I through VII, and Luciano & Associates, Inc. The late fee for filing all eight UBRs would be devastating at this time in our personal life. We beg you to please forgive this oversight and accept our payment for \$150, plus \$8.75 for the Certificate of Status.

We pray that you understand our situation and apologize for the oversight. We greatly appreciate your consideration in this matter.

Sincerely,



Margarita Piloto
Vice President

Enclosure (UBR plus fees)



050101

5108

A00759411

Attachments

pg 243

PILOTO, ROMELIA
2544 SOLEPNOU, RAFAEL J
0037275251117
06/07/20

DISCHARGE INSTRUCTION RECORD

Date: 5/11/01

Time: _____

Accompanied by: # PG 800009247

Dado de Alta en la Unidad: Ambulatorio Via Silla de Ruedas Camilla Ambulancia
 Forma de Transporte: Por si Mismo Miembro de la Familia Van Ambulatorio W/C Van Camilla Ambulancia
 Condicion del Paciente: Estable Otra Forma

IV/Heparin Lock Removido: Si No NA *no SBS of kidneys or infiltration to site*

Medicinas	Dosis	Via	Frecuencia	Rx Dada	Hora y Dia de la Proxima Medicina
<i>Reglan 10mg</i>	<i>una tableta</i>	<i>antes de comer</i>	<i>7:30 am</i>	<i>7:30 am</i>	<i>7:30 am</i>

Medicinas Traidas de la Casa - Devuelta: Si NA
 Instrucciones de Comida y Medicinas Revisadas con el Paciente: (vea el lado opuesto)
 Proceso Educativo Completado con el Paciente: Medicina Actividad Dieta Discusion de la enfermedad
 Actividad: *as follows* Limitaciones / Restricciones: No Si

Actividades Funcionales:
 Habilidad de apoyarse: No Punta del dedo Parcial Completo De acuerdo con su tolerancia
 Instrumentos Asistentes: No ambulatorios W/C restringido Walker Muletas Baston Otra persona Ninguno
 Ambulatorio: Independiente Supervision Asistido No apto
 Transferidos: Independiente Supervision Asistido No apto
 Actividades Diarias: Independiente Supervision Asistido No apto
 Tragando: No restringido Restringido

Tratamientos: none

Dieta: Baja sal ni guava diets

Referencias a la Comunidad (Equipo Medico, Compania de Enfermeras, etc.)

Agencia	Servicios Brindados	Telefono
<i>None</i>		

Citas Medicas:

Con Quien	Cuando	Telefono
<i>Dr - Solepno Rafael</i>	<i>Mamag una cita</i>	<i>(305) 642-0080</i>

He recibido y comprendo las instrucciones que se me dieron al darme de alta y tengo todos mis efectos personales. Si tiene alguna pregunta, por favor, consulte a su medico.

Romelia Peloto
Firma del Paciente

[Signature]
Firma de la Efermera o del Medico