## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P99000023530

1. Entity Name

GOOD NEIGHBORS VILLAS II, INC.



**FILED** Apr 11, 2003 8:00 am Secretary of State
04-11-2003 90174 011 \*\*\*150.00

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Suite, Apt. #, 6tc   Suite, Apt. #, 6tc   Suite, Apt. #, 6tc   Check Here if Making Chances    Cry & State   Chy & State   4. FEI Number 65-0902589   Applicable    Zop   Country   Zop   Country   5. Certificate of Status Desired   Set September 1							GO WE							
Suita, Apt. #, etc.   GHECK HERE IF MAKING CHANGES    City & Sisse   Country   Zip   Country   S. Certificate of Status Desired   Applied For   Not Applicated    To Country   Zip   Country   S. Certificate of Status Desired   S. 75 Additional    Fee Required  6. Name and Address of Current Registered Agent   Name    CRONG, STEVEN C ESO.   Sales   Number is Not Acceptable)  Streat Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code    The above named entry purpose of the purpose of changing its registered agent, or both, in the State of Florics. I am familiar with, and accept be obligations of registered agent, or both, in the State of Florics. I am familiar with, and accept be obligations of registered agent.  The above named entry purpose of the purpose of changing its registered agent, or both, in the State of Florics. I am familiar with, and accept be obligations of registered agent. Or both, in the State of Florics. I am familiar with, and accept be obligations of registered agent.  The above named entry purpose are of the purpose of changing its registered agent, or both, in the State of Florics. I am familiar with, and accept be obligations of registered agent.  The above named entry purpose are of the purpose of changing its registered agent, or registered agent, or both, in the State of Florics. I am familiar with, and accept the purpose of the purpose of changing its registered agent.  The above named entry purpose are of the purpose of changing its registered agent.  The above named entry purpose of the purpose of changing its registered agent.  The above named entry purpose of the purpose of changing its registered agent.  The above named entry purpose of the purpose of changing its registered agent.  The above named entry purpose of the purpose of changing its registered agent.  The above named entry purpose of the purpose of changing its registered agent.  The above named entry purpose of the purpose of changing its registered agent.  The above named entry purpose of the purpose of ch	3250 MARY S	treet. Ste. 3	3250 M/	3250 MARY STREET, STE. 308										
City & State  Country  Country  City & State	2. Principal Place of Business 3. Mailing Add										<b>B</b> ail <b>11</b> iil <b>10</b> 00 i			
Set Option   Set	Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  CRONIS, STEVEN C E SO. 250 MARY STEET, STE, 307  COCONUT GROVE FL 33133  City FL Zip Code  8. The across named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida agent, or both, in the State of Flori	City & State	9	City & S	City & State				4. FEI Number 65-0902589			<u> </u>		-	
CRONIG, STEVEN C ESO.  3250 MARY STREET, STE, 307  COCONUT GROVE FL 33133  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of negistered agent.  Signature, loves or private name of registered agent.  FLE NOW!!! FEE (\$ \$150.00 And the frequency of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of negistered agent.  FILE NOW!!! FEE (\$ \$150.00 And the frequency of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of negistered agent.  FILE NOW!!! FEE (\$ \$150.00 And the frequency of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the obligation of the obligations of negistered agent.  FILE NOW!!! FEE (\$ \$150.00 And Be Added to Fees State of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of th	Zip Country				Zip Countr				5. Certificate of	Status Desired				1
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3250 MARY STREET, STE, 307 COCONUT GROVE FL 33133  Gity  FL  Zip Code  3. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  STENATURE  Signature, input or prima white of registered agent.  MOTE Registered Agent signature recuited when remistering  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICIENS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE WARE SIREET ADDRESS CITY-ST-2P  COCONUT GROVE FL 33133  Detele  THE  WARE SIREET ADDRESS CITY-ST-2P  Orients			factor of the state of the stat		ن ۾ ڪنھ جيني		⁻Name -≏	<sub>U-</sub>				, -	<del>-</del>	1 -
Signature, types or primes noise of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature, types or primes noise of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							Street Ad	dress (F	P.O. Box Number	s Not Acceptable	e)			1
At 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.  SGNATURE    Submits   S	COCONU	t grove fl				City	<del></del>		·.		Zin Con	de.	-	
THE CONTROL OF PROJECT OF THE STATE ADDRESS COCONIT GROVE FL 33133  THE MAKE  THE MAKE  FILE NOW!! FEE ST50.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  THE MAKE  THE MAKE  VILA, ALEX  3250 MARY STREET, STE. 308  COCONIT GROVE FL 33133  COCONIT GROVE	<u>. :</u>										<u> </u>	1.,5 000		
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	i	ertify that the i	nformation supplied with	this filing do	es not qualify for		1	d in Sec	ction 119 07(3Vi)	Florida Statutes	Lfurther certi	v that the i	nformation	1

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 appears in Block 10 or Block 11 if changed.

Date

Daytime Phone #