## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 22, 2000 8:00 am Secretary of State DOCUMENT # P99000034612 VILLA BONITA A.L.F. INC. 03-22-2000 90219 031 \*\*\*150.00 Mailing Address Principal Place of Business 3351 EAST 8TH AVENUE 3351 EAST 8TH AVENUE HIALEAH FL 33013-3148 HIALEAH FL 33013 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc .\_ \_ \_\_\_ Suite, Apt. #, etc. 4. FEI Number 093 1515 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country 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 -YIDAH DIAZ MEDGUARD SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) -9274 SW 40TH STREET MIAMI-FL 33165 ZipCode / 3 HIALEAH mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity SIGNATURE # nt and title if applicable. (NOTE. Registered Agent signature required when reinstating) 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME RAMIREZ, ROSARIO STREET ADDRESS STREET ADDRESS 3351 EAST 8TH AVENUE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33013 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME DIAZ, YIDAH STREET ADDRESS STREET ADDRESS 3351 EAST 8TH AVENUE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33013 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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 filling 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 of inustee 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. VICE DIRECTOR

SIGNATURE: \*