

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066586

1. Entity Name

TRI-MED MOUNTAIN HOTELS, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90095 015 \*\*\*150.00

Principal Place of Business

Mailing Address

14449 COUNTRY WALK DR.  
MIAMI FL 33186

14449 COUNTRY WALK DR.  
MIAMI FL 33186-8104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

14711 SW 112TH TERRACE

14711 SW 112TH TERRACE

City & State

City & State

MIAMI FL

MIAMI, FL

4. FEI Number

Applied For

65-0940855

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

Zip

Country

33196

USA

Zip

Country

33196

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILLEGAS, HENRY A  
14449 COUNTRY WALK DR.  
MIAMI FL 33186

Name

VILLEGAS, HENRY A

Street Address (P.O. Box Number is Not Acceptable)

14711 SW 112TH TERRACE

City

MIAMI

FL

Zip Code

33196

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

Henry A. Villegas HENRY A. VILLEGAS

4/25/2000

Signature, typed or printed name of registered agent and title if applicable.

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME VILLEGAS, HENRY A  
STREET ADDRESS 14449 COUNTRY WALK DR.  
CITY-ST-ZIP MIAMI FL 33186

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME VILLEGAS, HENRY A  
STREET ADDRESS 14711 SW 112TH TERRACE  
CITY-ST-ZIP MIAMI, FL 33196

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Henry A. Villegas HENRY A. VILLEGAS

4/25/2000 305-388-3810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)