

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90117 024 \*\*\*150.00

**DOCUMENT # P99000076366**

1. Entity Name  
**VILLAS ENTERPRISES, INC.**

|   |  |
|---|--|
| Principal Place of Business<br>5250 N.W.198TH TERRACE<br>MIAMI FL 33055 | Mailing Address<br>5250 N.W.198TH TERRACE<br>MIAMI FL 33055-6164 |
|---|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

4. FEI Number **05-0943871** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**IBARGUEN, CARLOS**  
**5250 N.W.198TH TERRACE**  
**MIAMI FL 33055**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PVST</b><br><b>IBARGUEN, CARLOS</b><br><b>5250 N.W.198TH TERRACE</b><br><b>MIAMI FL 33055</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>IBARGUEN, CARLOS</b><br><b>5250 N.W.198TH TERRACE</b><br><b>MIAMI FL 33055</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **3/14/00** **305266057**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
C0079560  
HP9900076366

**Florida Division of Corporations  
Public Access**

**Corporate Inquiry Menu:**

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Inquiry by:

- Corporation / Trademark Name
- Officer / Registered Agent Name
- Registered Agent Name
- Trademark Owner Name
- FEI Number
- Document Number
- Trademark Name

3/15/00 OFFICER/DIRECTOR DETAIL SCREEN  
 CORP NUMBER: P99000076366 CORP NAME: VILLAS ENTERPRISES, INC  
 TITLE: PD NAME: IBARGUEN, YVETTE  
 5250 N.W.198TH TERRACE  
 MIAMI, FL 33055  
 TITLE: VD NAME: IBARGUEN, CARLOS  
 5250 N.W.198TH TERRACE  
 MIAMI, FL 33055

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