

# 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 5250 N.W.198TH TERRACE MIAMI FL 33055	Mailing Address 5250 N.W.198TH TERRACE MIAMI FL 33055-6164
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST</b> <b>IBARGUEN, CARLOS</b> <b>5250 N.W.198TH TERRACE</b> <b>MIAMI FL 33055</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>IBARGUEN, CARLOS</b> <b>5250 N.W.198TH TERRACE</b> <b>MIAMI FL 33055</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: **3/14/00** **305266057**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
C0079560  
HP9900007636

<b>Florida Division of Corporations Public Access</b>	<b>Corporate Inquiry Menu:</b> Please select an inquiry type from the list below, then enter a search key in the search field. Press <b>SEARCH</b> to begin the search.
Inquiry by: <input type="radio"/> Corporation / Trademark Name <input type="radio"/> Officer / Registered Agent Name <input type="radio"/> Registered Agent Name <input type="radio"/> Trademark Owner Name <input type="radio"/> FEI Number <input type="radio"/> Document Number <input type="radio"/> 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
<b>Search String:</b>	
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