

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # S87028**1. Entity Name
MIAMI VILLA BAY, INC.

Principal Place of Business

3162 COMMODORE PLAZA, #3A

MIAMI
33133

FL

Mailing Address

3162 COMMODORE PLAZA, #3A

MIAMI
33133

FL

2. Principal Place of Business

3162 COMMODORE PLAZA, #3A

3. Mailing Address

3162 COMMODORE PLAZA, #3A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

FL

City & State

MIAMI

FL

4. FEI Number

65-0293449

Applied For

Not Applicable

Zip
33133Country
USZip
33133Country
US5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ ROSE G.
3162 COMMODORE PLAZA, #3AMIAMI
33133

FL

US

7. Name and Address of New Registered Agent

Name

JIMENEZ ROSE G

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

3162 COMMODORE PLAZA, #3A

City
MIAMI

FL

Zip Code
33133

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 **ROSE GRACE JIMENEZ****04/30/2001**

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, 2001 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

TITLE	S	<input type="checkbox"/> Delete
NAME	JIMENEZ ROSE G	
STREET ADDRESS	3162 COMMODORE PLAZA, #3A	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	V	<input type="checkbox"/> Delete
NAME	PERDIGAO MARCIO C	
STREET ADDRESS	3162 COMMODORE PLAZA, #3A	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	V	<input type="checkbox"/> Delete
NAME	MEIRELES, PAULO CESAR	
STREET ADDRESS	3162 COMMODORE PLAZA, #3A	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	V	<input type="checkbox"/> Delete
NAME	MEIRELES, CLAUDIA MARIA	
STREET ADDRESS	3162 COMMODORE PLAZA, #3A	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	MEIRELES, CLETO CAMPELO	
STREET ADDRESS	3162 COMMODORE PLAZA, #3A	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMENEZ ROSE GS	
STREET ADDRESS	3162 COMMODORE PLAZA, #3A	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERDIGAO MARCIO CV	
STREET ADDRESS	3162 COMMODORE PLAZA, #3A	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEIRELES PAULO CV	
STREET ADDRESS	3162 COMMODORE PLAZA, #3A	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEIRELES CLAUDIA MV	
STREET ADDRESS	3162 COMMODORE PLAZA, #3A	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEIRELES CLETO CDPT	
STREET ADDRESS	3162 COMMODORE PLAZA, #3A	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **ROSE G. JIMENEZ**

S

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)