

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V23556

1. Entity Name

KAREN E. VILLA, INC.

Principal Place of Business

4442 N.W. 92ND WAY  
SUNRISE FL 33351

Mailing Address

4442 N.W. 92ND WAY  
SUNRISE FL 33351

2. Principal Place of Business

1165 STAGHORN ST

Suite, Apt. #, etc.

3. Mailing Address

1165 STAGHORN ST

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

City & State

WELLINGTON, FL

Zip

33414

Country

PALESTINE

Zip

33414

Country

PALESTINE

4. FEI Number

65-0319562

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VILLA, KAREN E.  
4442 N.W. 92ND WAY  
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name VILLA, KAREN E

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

1165 STAGHORN STREET

City WELLINGTON

FL

Zip Code

33414

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

Karen E. Villa, President

1-15-01

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)

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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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P  
NAME VILLA, KAREN  
STREET ADDRESS 4442 N.W. 92ND WAY  
CITY-ST-ZIP SUNRISE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
NAME Karen  
STREET ADDRESS 1165 STAGHORN ST  
CITY-ST-ZIP WELLINGTON, FL 33414

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

Karen E. Villa, President

1-15-01

(561) 792-4820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0279413

FILED  
Jan 25, 2001 8:00 am  
Secretary of State

01-25-2001 90244 029 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE