

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V44714

1. Entity Name

SAN VILLA SERVICES CORPORATION

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90040 037 ***158.75

Principal Place of Business

Mailing Address

299 NE 2ND AVE
#200
MIAMI FL 33132
US

297 NE 2ND AVE
MIAMI FL 33132-2216
US

2. Principal Place of Business

242 NE 1ST ST.

3. Mailing Address

242 NE 1ST ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0368275

Applied For

Not Applicable

Zip

33132

Country

USA

Zip

33132

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILLANUEVA, NESTOR B.
299 NE 2ND AVE
#200
MIAMI FL 33132

Name

NESTOR VILLANUEVA

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

2301 SW 62 AVE

City

MIAMI

FL

Zip Code

33132

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-00

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	DP	☐ Delete
NAME	VILLANUEVA, NESTOR	
STREET ADDRESS	2301 SW 62ND AVE	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	DS	☐ Delete
NAME	MELGAREJO, LORNA	
STREET ADDRESS	1875 SW 7TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	☐ Delete
NAME	DAGUM, JOSEPHINE	
STREET ADDRESS	2301 SW 62 AVE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/00

(305) 371-9756

CR2E034 (9/99)