2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V44714 1. Entity Name SAN VILLA SERVICES CORPORATION					Jan 30, 2001 8:00 am Secretary of State 01-30-2001 90002 046 ***150.00			
Principal Place of Business Mailing Address					1			
242 NE 1ST ST MIAMI FL 33132 US		242 NE 1ST ST MIAMI FL 33132 US						
2. Principal Place of Business		3. Mailing Address			DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State		4. FEI Nun	nber 65-0368275	} - - -	pplied For	
Zip Country		Zip Countr		ry	5. Certifica	ate of Status Desired	\$8.75 Ac	
	6. Name and Address of Current	Registered Agent			7. Name a	nd Address of New Rec		
VIII ANIJEVA NECTOD				Name NES	TOR	VILLAUSEDA	1	
VILLANUEVA, NESTOR 2 301 SW 62 AVE				Street Address (P.O. Box Nur	nber is Not Acceptable)		
AAIM	II-FL 33132			9661	NW	46 LANE		_
				City M	AMI		FL Zip Co	de 37178
SIGNATURE	named entity submits this statement for NECT Senature, type or printed name of registered agent a pration is eligible to satisfy its Intangible requirement and elects to do so.	Algumaniv ad	Registered	Agent signature required S \$150.00	when reinstating)		DATE \$5.0	DO May Be
·	ria on back)	Make Check Payable	to De	-	te			ed to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND I DP VILLANUEVA, NESTOR 2301 SW 62ND AVE MIAMI FL 33132	Delete			ADDITION	IS/CHANGES TO OFFIC	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MELGAREJO, LORNA 1875 SW 7TH STREET MIAMI FL	☐ Delete		i			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	DP DAGUM, JOSEPHINE 2301 SW 62 AVE MIAMI FL 33155	□ Delete	1			-	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-01

(301)371-9756

Daytime Phone #