FILED

valure shall have the same legal effect as if made under oath; that I am an officer or director quired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

March 26, 2002

305-571-2628

2002 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to

changed, or on an attachment w

SIGNATURE:

Apr 08, 2002 8:00 am Secretary of State **DOCUMENT # 725121** 1. Entity Name 04-08-2002 90072 046 ****70 00 THE VILLAGE SOUTH, INC. Principal Place of Business Mailing Address 3180 BISCAYNE BLVD. 3180 BISCAYNE BLVD. MIAMI FL 33137 **MIAMI FL 33137** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEi Number 59-1452736 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GISSEN, MATTHEW 3180 BISCAYNE BLVD. MIAMI FL 33137 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (9/01) TITLE ☐ Change ☐ Addition TITLE ☐ Delete LIEBERMAN, HENRY NAME NAME **CR2E037** STREET ADDRESS STREET ADDRESS 1200 SW 137 AVE APT E 102 CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024 Change Addition TITLE ☐ Delete TITLE NAME JACKSON, JAMES NAME STREET ADDRESS STREET ADDRESS 1007 GREEN PINE BLVD UNIT G3 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete Change Addition TITLE TITLE NAME HOLDER, JAY NAME STREET ADDRESS STREET ADDRESS 975 41ST ST. CITY-ST-ZIP MIAMI BCH FL 33155 CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE TREADWAY, DEEANNE NAME NAME STREET ADDRESS 1717 N BAYSHORE DR UNIT 3256 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33132** AST ☐ Delete Change Addition TITLE TITLE GRIZZLE, NANCY NAME NAME STREET ADDRESS STREET ADDRESS 569 NW 208 WAY CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33029 TITLE ☐ Delete TITLE Change X Addition NAME NAME SILVERMAN, ADAM STREET ADDRESS STREET ADDRESS 839 HERITAGE DRIVE CITY-ST-ZIP WESTON FL 33326 or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 12. I hereby certify that the information supplied with this filing es not qualify