


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91097 010 \*\*\*\*70.00

**DOCUMENT # 725121**

1. Entity Name  
**THE VILLAGE SOUTH, INC.**



Principal Place of Business  
**3180 BISCAYNE BLVD.  
MIAMI FL 33137**

Mailing Address  
**3180 BISCAYNE BLVD.  
MIAMI FL 33137**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**GISSEN, MATTHEW  
3180 BISCAYNE BLVD.  
MIAMI FL 33137**

4. FEI Number **59-1452736**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>LIEBERMAN, HENRY</b>	
STREET ADDRESS	<b>1200 SW 137 AVE APT E 102</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JACKSON, JAMES</b>	
STREET ADDRESS	<b>4007 GREEN PINE BLVD UNIT G3</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>HOLDER, JAY</b>	
STREET ADDRESS	<b>975 41ST ST.</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL 33155</b>	
TITLE	<b>DPC</b>	<input type="checkbox"/> Delete
NAME	<b>TREADWAY, DEEANNE</b>	
STREET ADDRESS	<b>1717 N BAYSHORE DR UNIT 3256</b>	
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	
TITLE	<b>AST</b>	<input type="checkbox"/> Delete
NAME	<b>GRIZZLE, NANCY</b>	
STREET ADDRESS	<b>569 NW 208 WAY</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33029</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SILVERMAN, ADAM</b>	
STREET ADDRESS	<b>839 HERITAGE DR.</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy Grizzle* **SIGNATURE REQUIRED NANCY GRIZZLE** MARCH 11, 2003 305-571-2628

CR2E037 (10/02)