

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729845

1. Entity Name

THE VILLAGE SOUTH INSTITUTE OF HUMAN RESOURCES.

Principal Place of Business

3180 BISCAYNE BLVD.
MIAMI FL 33137

Mailing Address

3180 BISCAYNE BLVD.
MIAMI FL 33137-4127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7410605

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GISSSEN, MATTHEW
3180 BISCAYNE BLVD.
MIAMI FL 33137

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME GISSSEN, MATTHEW
STREET ADDRESS 3180 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL

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

TITLE STD ☒ Delete
NAME ROEDEL, JERRY
STREET ADDRESS 4976 NW 82ND AVE.
CITY-ST-ZIP LAUDERHILL FL

TITLE STD ☒ Change ☐ Addition
NAME ROEDEL, JERRY
STREET ADDRESS 5781 SW 88 Terrace
CITY-ST-ZIP Cooper City, FL

TITLE VD ☒ Delete
NAME HOLDER, JAY
STREET ADDRESS 5990 BIRD ROAD
CITY-ST-ZIP MIAMI FL

TITLE VD ☒ Change ☐ Addition
NAME HOLDER, JAY
STREET ADDRESS 975 41st Street
CITY-ST-ZIP Miami Beach, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:  REQUIRED

MATTHEW GISSSEN

4/26/00 305-571-2628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE