

2000 UNIFORM BUSINESS REPORT (UBR)

K07072

DOCUMENT # A20478

1. Entity Name
VILLAGE MARKET PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN -6 PM 1:33

Principal Place of Business
C/O DOMENICK R. LIOCE
1645 PALM BEACH LAKES BLVD., #1200
WEST PALM BEACH FL 33401

Mailing Address
C/O DOMENICK R. LIOCE
1645 PALM BEACH LAKES BLVD., #1200
WEST PALM BEACH FL 33401-2214



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

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

4. FEI Number **59-2560700**
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LIOCE, DOMENICK R.
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH FL 12121-1990

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.

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

9. Capital Contributions as Shown on record. **\$1,140,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	LIOCE, DOMENICK R., AS TRUSTEE 1645 PALM BCH LAKES BLVD., #1200 WEST PALM BEACH FL		STREET ADDRESS	
NAME			CITY - ST - ZIP	
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED 4/30/00 561-686-3307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #