

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000191

1. Entity Name

VILLAGE CENTER PLACE LTD.

Principal Place of Business

1310 GULF BLVD., UNIT 4C
CLEARWATER FL 33767

Mailing Address

1310 GULF BLVD., UNIT 4C
CLEARWATER FL 33767-2859

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1420 Court Street

Clearwater, FL 33766

33765

US

6. Name and Address of Current Registered Agent

KHAZENDAR, OSAMA

1310 GULF BLVD., UNIT 4C
CLEARWATER FL 33767

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1560 Gulf Blvd # 804

City

Clearwater

FL

Zip Code

33767

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. Capital Contributions
as Shown on record.

\$10,000.00

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

DOCUMENT # P94000074364
NAME HUDA CORP.
STREET ADDRESS 1310 GULF BLVD., UNIT 4C
CITY - ST - ZIP CLEARWATER FL 33767

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CITY - ST - ZIP

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CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

1560 Gulf Blvd # 804

Clearwater, FL 33767

3000003207399-2
-04/13/00--01071--009
***158.75 ***158.75

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/13/2000

(72)

443-0718

Daytime Phone #

Date

Dec

CR2E003 (9/99)

FILED

00 MAR 23 PM 3:00

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required