

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000003194

1. Entity Name
VILLAGE - MELROSE REALTY, INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

04-29-2002 90200 013 ***150.00

93084



DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|--|---|
| Principal Place of Business 8 ABBOTT PARK PLACE PROVIDENCE RI 02903 | | Mailing Address 8 ABBOTT PARK PLACE PROVIDENCE RI 02903 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number APPLIED FOR | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | |
| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DECONI, MERLIN A JR. 8 ABBOTT PARK PLACE PROVIDENCE RI 02903 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MCGREGOR, DONALD G 1701 N.E. 127TH STREET NORTH MIAMI FL 33181 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BENNETT, BARBARA L 8 ABBOTT PARK PLACE PROVIDENCE RI 02903 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DELSESTO, CHRISTOPHER T 8 ABBOTT PARK PLACE PROVIDENCE RI 02903 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: Barbara L. Bennett, Secretary | | April 16, 2002 401/ | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # 598-2838 | |

CR20034 (9/01)

FEI#
attachment #
FOI 000003065

FEI#
93084
FOI 000003194

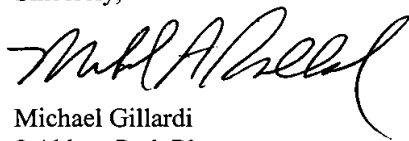
June 4, 2002

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Please note the Federal Employer Identification numbers for the following:

Village-Melrose Realty, Inc. 05-0518286
Griffin Realty of Rhode Island - Florida, Inc. 05-0517544

Sincerely,



Michael Gillardi
8 Abbott Park Place
Providence, RI 02903