

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90025 001 \*\*\*150.00

**DOCUMENT # H01526**

1. Entity Name  
**DALE VILLAGE, INC.**  
 5001 HALLANDALE BEACH BLVD.  
 PEMBROKE PARK FL 33023

Principal Place of Business  
**4901 SW 27TH COURT.**  
**PEMBROKE PARK FL 33023**  
**US**

Mailing Address  
**5001 HALLANDALE BEACH BLVD.**  
**PEMBROKE PARK FL 33023**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2412411**

Applied For

Not Applicable

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

**CERNY, DANIELLE**  
**4901 SW 27TH COURT**  
**PEMBROKE PARK FL 33023**

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 *Danielle Cerny*  
 Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3/14/02*  
 DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**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. ☐

**\$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	<b>P</b> <b>BOURGEOIS, DIDACE</b> <b>2560SW 51ST. TERRACE</b> <b>PEMBROKE PARK FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GARCEAU, ROBERT</b> <b>5071 SW 25TH COURT.</b> <b>PEMBROKE PARK FL 33023</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DEVEAU, HENRI</b> <b>4841 SW 25 CT.</b> <b>PEMBROKE PARK FL 33023</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RONDEAU, ROGER</b> <b>5110 SW 26TH COURT.</b> <b>PEMBROKE PARK FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>CERNY, DANIELLE</b> <b>2555 FLAMINGO LANE</b> <b>FT. LAUDERDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HERARD, MARCEL</b> <b>4901 SW 25 CT</b> <b>PEMBROKE PARK FL 33023</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Miles Chevrier</b> <b>2710 SW 49 Ave</b> <b>Pembroke Park</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Roch Gardner</b> <b>2780 SW 51 Terrace</b> <b>Pembroke Park</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Marc Laflamme</b> <b>4860 SW 28 Court</b> <b>Pembroke Park</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President</b> <b>Henri Fortier</b> <b>5051 SW 25 CT</b> <b>Pembroke Park</b>	<input type="checkbox"/> Change <input checked="" 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*954-987-9471*

CR2E034 (9/01)