

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000021

1. Entity Name  
VILLAGE PALMS, L.C.

FILED

00 JAN 18 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
13200 SW 128 STREET  
SUITE E1  
MIAMI FL 33186

Mailing Address  
13200 SW 128 STREET  
SUITE E1  
MIAMI FL 33186-5831

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-0715110

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDRIKSE, NELSON  
13200 SW 128 STREET  
SUITE E1  
MIAMI FL 33186

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 \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME SOUTHEAST REALTY AND DEVELOPMENT, INC.  
STREET ADDRESS 13200 SW 128 ST, STE E1  
CITY- ST- ZIP MIAMI FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE MGRM  
NAME BELLON & TAYLOR ARCHITECTS INC.  
STREET ADDRESS 11020 N KENDALL DRIVE, STE 200  
CITY- ST- ZIP MIAMI FL 33176

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CITY- ST- ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #