

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90009 038 \*\*\*\*61.25

**DOCUMENT # N18635**

1. Entity Name

**VILLAGE BANK CENTER, INC.**

Principal Place of Business

Mailing Address

**2100 W 76TH STREET SUITE #500  
 HIALEAH FL 33016  
 US**

**2100 W 76TH STREET SUITE #500  
 HIALEAH FL 33016  
 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

**65-0034981**

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

7. Name and Address of New Registered Agent

**CHEETHAM, RICHARD  
 VILLAGE BANK CENTER, INC.  
 2100 WEST 76TH STREET, STE. 510  
 HIALEAH FL 33016**

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHEETHAM, RICHARD</b>	
STREET ADDRESS	<b>2100 W 76 ST #510</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PARTNEY, JOSE</b>	
STREET ADDRESS	<b>2100 W 76TH ST., #500</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE	<b>DTS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SANGINETO, FRANK</b>	
STREET ADDRESS	<b>2100 W 76TH ST., #500</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ENRIQUEZ, STEPHEN</b>	
STREET ADDRESS	<b>2100 W 76TH STREET SUITE #500</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>ROS, MARIA I</b>	
STREET ADDRESS	<b>2100 W 76TH ST., #500</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROBAINA, RAFAEL</b>	
STREET ADDRESS	<b>2100 W 76 ST #101</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PORTNOY, JOSE</b>	
STREET ADDRESS	<b>2100 W 76 ST # 401</b>	
CITY-ST-ZIP	<b>HIALEAH, FL 33016</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JUAN RODRIGUEZ</b>	
STREET ADDRESS	<b>2100 W 76 ST #512</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHEETHAM, ROBERT</b>	
STREET ADDRESS	<b>2100 W 76 ST #510</b>	
CITY-ST-ZIP	<b>HIALEAH, FL 33016</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBAINA, RAFAEL</b>	
STREET ADDRESS	<b>2100 W 76 ST #101</b>	
CITY-ST-ZIP	<b>HIALEAH, FL 33016</b>	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02 (305) 231 7757  
Date Daytime Phone #

CR2E037 (9/01)