


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-07-2003 91050 044 ***150.00

DOCUMENT # N18635
1. Entity Name
VILLAGE BANK CENTER, INC.



Principal Place of Business
**2100 W 76TH STREET SUITE #500
HIALEAH FL 33016
US**

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

2. Principal Place of Business
2100 W. 76th St.

3. Mailing Address
2100 W. 76th St.

Suite, Apt. #, etc. **304**


Suite, Apt. #, etc. **304**

City & State **Hialeah, Fl.**

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Zip **33016** Country **US**

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CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0034981** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHEETHAM, RICHARD
VILLAGE BANK CENTER, INC.
2100 WEST 76TH STREET, STE. 510
HIALEAH FL 33018**

7. Name and Address of New Registered Agent

Name **Ralph S. Mizrahi**

Street Address (P.O. Box Number Is Not Acceptable)
2100 W. 76th St.

Suite # 304

City **Hialeah, FL** Zip Code **33016**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Ralph Mizrahi P.D.** DATE **4.17.03**

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CHEETHAM, RICHARD	
STREET ADDRESS	2100 W 76 ST #510	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PORTNOY, JOSE	
STREET ADDRESS	2100 W 76TH ST., #500	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JUAN	
STREET ADDRESS	2100 W 76 STREET #512	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHEETHAM, ROBERT	
STREET ADDRESS	2100 W 76 ST #510	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROS, MARIA I	
STREET ADDRESS	2100 W 76TH ST., #500	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ROBAINA, RAFAEL	
STREET ADDRESS	2100 W 76 ST #101	
CITY-ST-ZIP	HIALEAH FL 33016	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ralph S. Mizrahi	
STREET ADDRESS	2100 W. 76th St Suite 304	
CITY-ST-ZIP	HIALEAH, FL. 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Ralph Mizrahi, Pres.** Date **4-22-03** Daytime Phone # **305 776-1777**

RESIGNATION REQUIRED **Ralph Mizrahi** **305 557-7973**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)