

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003767

1. Entity Name

VILLAGE MISSION SERVICE INC.

Principal Place of Business

11310 SW 153RD ST.  
NO MIAMI FL 33157  
US

Mailing Address

P.O. BOX 570874  
MIAMI FL 33257-0874  
US

2. Principal Place of Business

9999 NE 2 Ave

Suite, Apt. #, etc.

218

City & State

Miami FL

Zip

33138

Country

Dade

3. Mailing Address

PO BOX 570874-0874

Suite, Apt. #, etc.

Miami

City & State

FL 33257

Zip

33257

Country

Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0682162

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARIE, JOSEE S A M  
11310 SW 153 ST.  
MIAMI FL 33157

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

*Marie J Sam*

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

TITLE	D	Delete
NAME	MARIE, JOSEE S A M	
STREET ADDRESS	11310 SW 153RD ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BANKS, CARLIME	
STREET ADDRESS	2315 N.W. 195 ST	
CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEAN, PIERRE ETIENNE M	
STREET ADDRESS	1261 SW 102 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSADO, CAROLE	
STREET ADDRESS	8000 S.W. 81ST DR, #208	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	USHER, MARILYN	
STREET ADDRESS	915 N.W 1ST AVE, #2201	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRAKE, JEAN C	
STREET ADDRESS	1950 N.W 193 TER	
CITY-ST-ZIP	MIAMI FL 33056	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Ross	
STREET ADDRESS	4141 NE 2 AVE #203A	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judith Hitchman	
STREET ADDRESS	1627 NE 142 ST	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frantz Jean-Louis	
STREET ADDRESS	7900 NE 2 AVE #706	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marie-Josée Sam	
STREET ADDRESS	11310 SW 153 ST	
CITY-ST-ZIP	MIAMI FL 33157	
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)(l), 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:

*Marie J Sam* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-00

Date

305-259-5110

Daytime Phone #

CR2E037 (9/99)