**FILED** 

2002 UNIFORM BUSINESS REPORT (UBR)

May 01, 2002 8:00 am Secretary of State DOCUMENT # P01000110860 1. Entity Name 02-24-2002 90040 030 \*\*\*150.00 URBAN VILLAGE, INC. Principal Place of Business Mailing Address 3550 N. BAY HOMES OR. 3550 N. BAY HOMES DR. COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 2. Principal Place of Business 3. Mailing Address COMMODORE CommopoRE 3162 3162 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #. etc i Fa 4. FEI Number (95-115 -3807 Applied For City & State City & State Not Applicable OCONUT Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARNOA FABOOY PEABODY, BRENDA Street Address (P.O. Box Number is Not Acceptable) 31353 AVE. E 3550 N. BAYHOMES BIG PINE KEY FL 33043 Zip Code 411 73/ 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PRESIDENT ☐ Addition (9/01 BRENDA TITLE ☐ Delete TITLE ☐ Chanoe BRENDA PEABOOY NAME NAME 3550 N. BAY HOMES DR STREET ADDRESS STREET ADDRESS T GROVE FL PRESIDENT 33133 CITY-ST-7IP CITY-ST-ZE COCONUT ☐ Change ☐ Addition ☐ Delete TITLE PHOL FITZGERALD NAME NAME IGAVON RD. LARCHYONT NY 10538 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY.ST.7IF ☐ Addition TITLE ☐ Change MARY CRITTENDER SECRATARE DOING TITLE NAME NAME MARY CRITTENDER N-BAY-HOMES DR STREET ADDRESS STREET ADDRESS 33133 CITY-ST-ZIP CITY-ST-ZIP COCONUT ☐ Delete TITLE Change ☐ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-7IP 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 cath; 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 actions with all priner like impowered.