

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90239 041 ***150.00

DOCUMENT # P96000013523
1. Entity Name
 VILLAGE ASSOCIATES, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6489 SUNSET DRIVE Suite, Apt. #, etc.	3. Mailing Address 6489 SUNSET DRIVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State S. MIAMI, FLORIDA	City & State S. MIAMI, FLORIDA	4. FEI Number 65-0648105	Applied For Not Applicable
Zip 33143	Country USA	Zip 33143	Country USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
FINE, MARTIN ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)
701 BRICKELL AVENUE

SUITE 3000

City
MIAMI, FLORIDA **FL** **Zip Code**
33131

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE D	NAME FINE, MARTIN ESQUIRE	TITLE	
STREET ADDRESS 701 BRICKELL AVE., #3000		NAME	
CITY - ST - ZIP MIAMI, FLORIDA 33131		STREET ADDRESS	
TITLE D	NAME GOULD, GERALD M	TITLE	
STREET ADDRESS 6489 SUNSET DRIVE		NAME	
CITY - ST - ZIP S. MIAMI, FLORIDA 33143		STREET ADDRESS	
TITLE		TITLE	
NAME		NAME	
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**DO NOT WRITE
IN THIS SPACE**

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 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Gerald H. Gould **GERALD H. GOULD** 4/30/02 663-9044
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #