

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006329

1. Entity Name

VILLAGE PROPERTIES USA, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90104 044 ***150.00

Principal Place of Business	Mailing Address
A1A	4445 A1A
BEACH FL 32963	#250
	VERO BEACH FL 32963-1312
	US

Principal Place of Business	3. Mailing Address
3800 Ocean Drive	P.O. Box 651296
Suite, Apt. #, etc. Suite E	Suite, Apt. #, etc.

City & State	City & State
VERO BEACH FL.	VERO BEACH FL.
Zip	Zip
32963	32965
Country	Country
USA	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0725696	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DONNER, EDWARD D 1170 6TH AVE #15-C VERO BEACH FL 32960	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 _____ (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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MECNLING, CHUCK	NAME	
STREET ADDRESS	4445 A1A SUITE 250	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963	CITY-ST-ZIP	
TITLE	PSD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNER, ED	NAME	
STREET ADDRESS	1170 6TH AVE, #15-C	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32960	CITY-ST-ZIP	
TITLE	TS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELCHIRRI, STEPHEN	NAME	
STREET ADDRESS	4445 A1A SUITE 250	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD D. DONNER, PRES Date: 3/25/00 Daytime Phone #: 561-234-9931