

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096526

1. Entity Name
VILLAGE FILMS, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90349 036 ***150.00

Principal Place of Business

317 MINORCA AVE
SUITE E
CORAL GABLES FL 33134
US

Mailing Address

317 MINORCA AVE
SUITE E
CORAL GABLES FL 33134
US

2. Principal Place of Business

1295 CORAL WAY

Suite, Apt. #, etc.

3. Mailing Address

1295 Coral Way

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Mia FL

4. FEI Number

65-0798145

Applied For

Not Applicable

Zip

33145

Country

USA

Zip

33145

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GODOY, GUSTAVO
421 MARMORE DRIVE
CORAL GABLES FL 33146

Name

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

1295 CORAL WAY

City

Mia

FL

Zip Code

33145

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/20/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS GODOY, GUSTAVO
CITY-ST-ZIP 421 MARMORE AVE.
CORAL GABLES FL 33146

TITLE ☐ Change ☒ Addition
NAME President
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS OJEDA, CARLOS
CITY-ST-ZIP 17988 S.W. 14TH ST
PEMBROKE PINES FL 33029

TITLE ☒ Change ☒ Addition
NAME V. President
STREET ADDRESS
CITY-ST-ZIP 40 NW 116 PL #6
Miami FL 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/01

Date

Daytime Phone #

CR2E034 (10/00)