

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043394

1. Entity Name

AMERICAN VILLAGE DEVELOPMENT, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90454 042 ***150.00

Principal Place of Business

1318 SE 2ND AVE
FORT LAUDERDALE FL 33316

Mailing Address

1318 SE 2ND AVE
FORT LAUDERDALE FL 33316-1810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0838662

Applied For

Not Applicable

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

~~BRADY, JAMES C~~
~~1318 SE 2ND AVE~~
~~FORT LAUDERDALE FL 33316~~

Name

GRANVIL TRACY

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

115 N.W. 167th ST #300

City

NORTH MIAMI BEACH FL

Zip Code

33169

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)

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME BRADY, JAMES C
STREET ADDRESS 1318 SE 2ND AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33316

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

TITLE VSD ☐ Delete
NAME BEHAR, SABY
STREET ADDRESS 115 NW 167 ST #300
CITY-ST-ZIP N. MIAMI BCH FL 33169

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

TITLE DP ☐ Delete
NAME JARVIS, BRUCE R
STREET ADDRESS 115 NW 167 ST #300
CITY-ST-ZIP N. MIAMI BCH FL 33169

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

TITLE DV ☐ Delete
NAME GRANVIL, TRACY
STREET ADDRESS 115 NW 167 ST #300
CITY-ST-ZIP N. MIAMI BCH FL 33169

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

TITLE DVT ☐ Delete
NAME KASSIN, ROBERTO
STREET ADDRESS 115 NW 167 ST #300
CITY-ST-ZIP N. MIAMI BCH FL 33169

TITLE DV ☒ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SABY BEHARIL

Date

Daytime Phone #

4/25/00 705 654-1500

CR2E034 (9/99)