

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025230

1. Entity Name

INV. VILLAGE MGT., INC.

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

09-01-2000 90056 032 ***550.00

Principal Place of Business

2979 NORTHWEST 56TH AVENUE OFFICE
LAUDERHILL FL 33313

Mailing Address

2979 NORTHWEST 56TH AVENUE OFFICE
LAUDERHILL FL 33313

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

561 S.E. 18 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL.

4. F21 Number

65-0913808

Applied For

Not Applicable

Zip

Country

Zip

Country

33060

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

FERNANDO GANDON

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

561 S.E. 18 AVE.

City

POMPANO BEACH

FL

33060

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

FERNANDO GANDON PRESIDENT 8/23/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PD ☒ Delete
NAME GANDO, FRENANDO
STREET ADDRESS 2979 NORTHWEST 56TH AVENUE OFFICE
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
NAME FERNANDO GANDON
STREET ADDRESS 561 SE 18 AVE
CITY-ST-ZIP POMPANO BCH. FL 33060

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FERNANDO GANDON PRES 8/23/00 240-2899 (954)

CR2E034 (5/00)