

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025230

1. Entity Name
INV. VILLAGE MGT., INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90003 041 ***150.00

0122721

Principal Place of Business
2979 NORTHWEST 56TH AVENUE OFFICE
LAUDERHILL FL 33313

Mailing Address
~~561 SE 18 AVE~~
~~POMPANO BEACH FL 33060~~

2. Principal Place of Business
~~SAVING~~
Suite, Apt. #, etc.

3. Mailing Address
370 S.W. 16 ST.
Suite, Apt. #, etc.

City & State
BOCA RATON FL.

Zip Country
33432 USA

4. FEI Number 65-0913808
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GANDON, FERNANDO
~~561 SE 18 AVE~~
~~POMPANO BEACH FL 33060~~

7. Name and Address of New Registered Agent
Name: FERNANDO GANDON
Street Address (P.O. Box Number is Not Acceptable)
370 S.W. 16 ST.
City: BOCA RATON FL 33432

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]* FERNANDO GANDON PRESIDENT 3/15/01
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. ☐
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	PD <input type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANDON, FERNANDO	NAME	FERNANDO GANDON
STREET ADDRESS	2979 NORTHWEST 56TH AVENUE OFFICE	STREET ADDRESS	2979 NW 56TH AVE (OFFICE)
CITY-ST-ZIP	LAUDERHILL FL 33313	CITY-ST-ZIP	LAUDERHILL FL 33313
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* FERNANDO GANDON PRES. 2/2/00 (954) 240-2899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)