

2000 UNIFORM BUSINESS REPORT (UBR)

0191894

DOCUMENT # P99000085871

APPROVED
AND
FILED

00 FEB -7 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

1. Entity Name
THE VILLAGE GRIOT, INC.

| | |
|--|---|
| Principal Place of Business 5050 NW 7TH AVENUE MIAMI FL 33127 | Mailing Address 5050 NW 7TH AVENUE MIAMI FL 33127-2049 |
|--|---|

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|-------------------------|-------------------------|------------------------------------|---|
| City & State | City & State | 4. FEI Number 65-0965552 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

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

6. Name and Address of Current Registered Agent

CLARKE, VERNON P
5050 NW 7TH AVENUE
MIAMI FL 33127

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
300003126873--8
-02/16/00--01016--008
City
****158.75 FL ****158.75

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. (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

| | |
|---|--|
| TITLE D NAME CLARKE, VERNON P STREET ADDRESS 5050 NW 7TH AVENUE CITY-ST-ZIP MIAMI FL 33127 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE D NAME VELMA LAWRENCE STREET ADDRESS 17210 NW 8th Avenue CITY-ST-ZIP Miami, FL 33056 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE D NAME MARTIN CLARKE STREET ADDRESS 1425 NW 123 Street CITY-ST-ZIP North Miami, FL 33167 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE D NAME HAROLD L. YOUNG, JR. STREET ADDRESS 7501 East Treasure Drive #4P CITY-ST-ZIP North Bay Village, FL 33141 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: _____ **VELMA LAWRENCE, Director** **2/2/2000** **(305) 757-9889**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)