## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 07, 2000 8:00 am Secretary of State **DOCUMENT # L31909** 1. Entity Name VAIL VALLEY SALVAGE CORPORATION 03-07-2000 90097 003 \*\*\*150.00 Principal Place of Business Mailing Address % MARK RUBIN % MARK RUBIN 777 ARTHUR GODFREY RD. 4TH FLOOR 777 ARTHUR GODFREY RD. 4TH FLOOR MIAMI BEACH FL 33140 MIAMI BEACH FL 33140-3447 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0156716 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUBIN, MARK Street Address (P.O. Box Number is Not Acceptable) 777 ARTHUR GODFREY RD 4TH FLOOR MIAMI BEACH FL 33140 City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE ☐ Change Addition Delete RUBIN, MARK NAME NAME 777 ARTHUR GODFREY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL ☐ Delete ☐ Change Addition TITLE TITLE BALOGH, ROBERT NAME NAME STREET ADDRESS 777 ARTHUR GODFREY RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL ☐ Change Addition TITLE 🛶 - 🗔 · Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE DITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE

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 trusted ampowered 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.

Robert B. Balogh

STREET ADDRESS

President

CITY-ST-7IP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED DAPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00

(305)532-7775

Daytime Phone #