

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90843 010 ***150.00

DOCUMENT # M39037

1. Entity Name

V-LA; INC.

Principal Place of Business

2027 SW 40 AVENUE
 FT. LAUDERDALE FL 33317

Mailing Address

2027 SW 40 AVENUE
 FT. LAUDERDALE FL 33317-6719

*1319 N. STATE
 HOLLYWOOD, FL 33024*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2725083**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEEZ, IRVING J., ESQUIRE
 6015 GARFIELD ST.
 710 NORTH TOWER
 HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name *Irving Gonzalez*
 Street Address (P.O. Box Number is Not Acceptable) *1319 N. STATE Rd 7*
 City *HOLLYWOOD FL* Zip Code *33024*

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSD	VILARINO, ANTONIO	2027 SW 40 AVENUE	FT. LAUDERDALE FL	<input type="checkbox"/>
VP	VILARINO, NILDA	2027 S. ST RD 7	FT. LAUDERDALE FL	<input type="checkbox"/>
S	VALARINO, CARMEN	2027 S. ST RD 7	FT. LAUDERDALE FL	<input type="checkbox"/>
O	VILARINO, MIRIAM	2027 S. ST RD 7	FT. LAUDERDALE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 reports 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

954-981-6777

Daytime Phone #

CR2E034 (9/99)