

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90437 034 ***158.75

0104571

DOCUMENT # P98000076724**1. Entity Name****VAC ENTERPRISES, INC. OF SOUTH FLORIDA****Principal Place of Business****4450 N 29TH AVE
HOLLYWOOD FL 33020****Mailing Address****4450 29TH AVE
HOLLYWOOD FL 33020****2. Principal Place of Business**

Suite, Apt. #, etc.

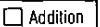
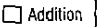
3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number 65-0864645****Applied For****Not Applicable****5. Certificate of Status Desired****\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****SHORT, LINDA
4450 N 29TH AVE
HOLLYWOOD FL 33020****7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)****City****FL****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**

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, 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****TITLE PD**
NAME VILLELLA, THOMAS
STREET ADDRESS 303 SE 22ND AVE.
CITY-ST-ZIP Ocala FL 34471**TITLE VPDT**
NAME SHORT, LINDA
STREET ADDRESS 5515 GRANT ST
CITY-ST-ZIP HOLLYWOOD FL**TITLE S**
NAME SHORT, LINDA
STREET ADDRESS 5515 GRANT ST
CITY-ST-ZIP HOLLYWOOD FL**TITLE SD**
NAME VILLELLA, FRANK
STREET ADDRESS 3200 N 36TH ST
CITY-ST-ZIP HOLLYWOOD FL**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME
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CITY-ST-ZIP**TITLE**
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CITY-ST-ZIP**TITLE**
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CITY-ST-ZIP**TITLE**
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

3/1/2001 (954) 922-6782
Date Daytime Phone #

CR2E034 (10/00)