FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am P98000076724 DOCUMENT # **Secretary of State** 1. Entity Name 02-26-2002 90158 036 ***158 VAC ENTERPRISES, INC. OF SOUTH FLORIDA Principal Place of Business Mailing Address 4450 N 29TH AVE 4450 29TH AVE HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0864645 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHORT, LINDA Street Address (P.O. Box Number is Not Acceptable) 4450 N 29TH AVE HOLLYWOOD FL 33020 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ■ Addition TITLE □ Delete VILLELLA, THOMAS NAME NAME 303 SE 22ND AVE. STREET ADDRESS STREET ADDRESS OCALA FL 34471 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition SHORT, LINDA NAME NAME STREET ADDRESS 5515 GRANT ST STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition TITLE TIT! F Short David 5515 Grantst. Hollywood, FE NAME SHORT, LINDA NAME STREET ADDRESS 5515 GRANT ST STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-7IP SD ☐ Delete TITLE ☐ Change ☐ Addition TITLE VILLELLA, FRANK NAME NAME 3200 N 36TH ST STREET ADDRESS STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete TITLE ☐ Change ☐ 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: