

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0244671 AV

DOCUMENT # P 99 00000 3863

1. Entity Name

VINCO B. INC.



03 JUL -1 PM 4:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

12000 BISCAYNE BLVD - SUITE 507  
MIAMI FL 33181

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0911145

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UGO V. CHIARATO  
CERTIFIED PUBLIC ACCOUNTANT  
FLORIDA AND NEW YORK STATE  
12000 BISCAYNE BLVD., SUITE 507  
MIAMI, FL 33181

Name

UGO V CHIARATO

Street Address (P.O. Box Number is Not Acceptable)

12000 BISCAYNE BLVD #507

City

MIAMI

FL

Zip Code

33181

8. The above named entity submits this report for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Ugo V Chiarato*

MAY 27, 2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P/T/S/D  
VINCO BETHEL P/T/S/D  
12000 BISCAYNE BLVD - SUITE 507  
MIAMI FL 33181

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
300022071829  
08/05/03--01066--007 \*\*300.00

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

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☐ Change

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CITY- ST- ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change

☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ugo V Chiarato*

POA

MAY 27, 2003

(305) 899.5099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)

2022

FLORIDA DEPT. OF STATE

DIVISION OF CORPORATIONS

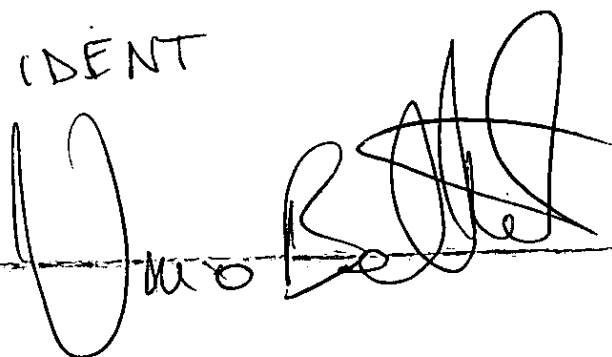
MAY 23, 2003

I HEREBY DECLARE THAT THE

UNIFORM BUSINESS REPORT HAS  
NEVER BEEN RECEIVED.

VINCO B., INC.

PRESIDENT

A handwritten signature in black ink, appearing to read 'Vinco B.', is written over a horizontal line. The signature is stylized with large, sweeping loops.