

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90034 022 \*\*\*150.00

DOCUMENT # P99000104617

1. Entity Name

V.S.F. CORP.

Principal Place of Business

Mailing Address

3391 NORTH PARK ROAD  
 HOLLYWOOD FL 33021

3391 NORTH PARK ROAD  
 HOLLYWOOD FL 33021

00020123



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1839 S.W. 31st Ave

3. Mailing Address

1839 S.W. 31st Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kembroke Park, FL

City & State

Kembroke Park, FL

4. FEI Number

65-0964798

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

33009

Country

USA

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

FRIDMAN, YOSEF  
 3391 NORTH PARK ROAD  
 HOLLYWOOD FL 33021

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME ~~Yosi Friedman~~  
 STREET ADDRESS 3391 N. Park Road.  
 CITY-ST-ZIP Hollywood, FL 33021

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME V. Friedman  
 STREET ADDRESS 3391 N. Park Road.  
 CITY-ST-ZIP Hollywood, FL 33021

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME V. Friedman  
 STREET ADDRESS 28 E. 42nd St  
 CITY-ST-ZIP NY, NY 10017

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME Victor Sternin  
 STREET ADDRESS 401 Magna Ct.  
 CITY-ST-ZIP Savannah, GA 31405

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME Treus.  
 STREET ADDRESS Chaim Shamah  
 CITY-ST-ZIP 4725 Northgate Blvd.  
 Myrtle Beach, SC 29577

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)