

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90031 044 ***150.00

DOCUMENT # L01616

1. Entity Name

VINGI CORP.

Principal Place of Business

Mailing Address

% GEORGE R. MORAITIS
 915 MIDDLE RIVER DRIVE, SUITE 506
 FORT LAUDERDALE FL 33304

% GEORGE R. MORAITIS
 915 MIDDLE RIVER DRIVE, SUITE 506
 FORT LAUDERDALE FL 33304-3561

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

59-2957744

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

MORAITIS, GEORGE R
 915 MIDDLE RIVER DRIVE
 SUITE 506
 FORT LAUDERDALE FL 33304

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VINGERHOSTS, LEOPOLDO 915 MIDDLE RIVER DRIVE, #506 FORT LAUDERDALE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VINGERHOETS, LEOPOLDO
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VINGERHOETS, ANA MARIA 915 MIDDLE RIVER DRIVE, SUITE 506 FT. LAUDERDALE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VINGERHOETS, MARIO 915 MIDDLE RIVER DRIVE, SUITE 506 FT. LAUDERDALE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELGUERO, MARIA ELENA DE 915 MIDDLE RIVER DRIVE, SUITE 506 FT. LAUDERDALE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HELGUERO, MARIA ELENA DE
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINGERHOETS BELLATIN, LUZ MARIA DE 915 MIDDLE RIVER DRIVE, SUITE 506 FT. LAUDERDALE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VINGERHOETS, LUZ MARIA
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **LEOPOLDO VINGERHOETS** 02/14/00 951-503
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)