

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 218217

1. Entity Name

VANELLA ENTERPRISES, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90210 034 \*\*\*150.00

Principal Place of Business

19 EAST ACRE DR  
 PLANTATION FL 33317  
 US

Mailing Address

19 EAST ACRE DRIVE  
 PLANTATION FL 33317-2640  
 US

2. Principal Place of Business

21 EAST ACRE DR

Suite, Apt. #, etc.

3. Mailing Address

21 EAST ACRE DR

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6068579

Applied For

Not Applicable

Zip

Country

FLORIDA

Zip

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

FADGEN, JERRY  
 19 EAST ACRE DR  
 PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name PHILIP DEMEO

Street Address (P.O. Box Number is Not Acceptable)  
 9000 CLEARY BLVD

City PLANTATION

FL

Zip Code 33324

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-2000

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

TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	VANELLA, PATRICK T	
STREET ADDRESS	19 EAST ACRE DR	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FADGEN, TIMOTHY J	
STREET ADDRESS	19 EAST ACRE DR	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILIP DEMEO	
STREET ADDRESS	21 EAST ACRE DR	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	21 EAST ACRE DR	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL J. FADGEN	
STREET ADDRESS	21 EAST ACRE DR	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00 954-584-9786

Date

Daytime Phone #

CR2E034 (9/99)