

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
 01-31-2001 90184 013 ***150.00

DOCUMENT # 494765

1. Entity Name

VIKING IMPORT HOUSE, INC.

Principal Place of Business

690 NE 13TH STREET
 FT. LAUDERDALE FL 33304-8110

Mailing Address

690 NE 13TH STREET
 FT. LAUDERDALE FL 33304-8110

We moved

2. Principal Place of Business

1516 S. Federal Hwy
 Suite, Apt. #, etc.

3. Mailing Address

1516 S. Federal Hwy
 Suite, Apt. #, etc.

City & State

St. Lauderdale, Fl.

Zip Country
 33316 USA

City & State

St. Lauderdale, Fl.

Zip Country
 33316 USA

4. FEI Number **59-1693061**

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

OWEN, PATSY P.
 2100 S. OCEAN DR #17L
 FT. LAUDERDALE FL 33316

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 *PATSY P. OWEN*
 Signature, typed or printed name of registered agent and title if applicable.

Patsy Owen

1/23/01
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 **PD** ☐ Delete
 NAME **OWEN, PATSY P**
 STREET ADDRESS **2100 S. OCEAN DR #17L**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE **VPD** ☐ Delete
 NAME **SCHULKERS, GATHRN** *Cathryn*
 STREET ADDRESS **6944 NW 5TH AVE**
 CITY-ST-ZIP **PLANTATION FL 33317**

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

TITLE **STD** ☐ Delete
 NAME **REICHARDT, BETTY**
 STREET ADDRESS **2015 SW 82ND AVE**
 CITY-ST-ZIP **DAVIE FL 33324**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *PATSY P. OWEN*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01 *954-763-3388*
 Date Daytime Phone #

CR2E034 (10/00)