

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000002116**1. Entity Name
VI@EXPRESS, INC.

Principal Place of Business 930 WASHINGTON AVE., 5TH FLOOR MIAMI BEACH FL 33133	Mailing Address 930 WASHINGTON AVE., 5TH FLOOR MIAMI BEACH FL 33133
---	---

2. Principal Place of Business 930 WASHINGTON AVE., 5TH FLOOR	3. Mailing Address 930 WASHINGTON AVE., 5TH FLOOR
--	--

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

DO NOT WRITE IN THIS SPACE

City & State MIAMI BEACH FL	City & State MIAMI BEACH FL
--------------------------------	--------------------------------

4. FEI Number 65-0899461	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip 33139	Country	Zip 33139	Country
--------------	---------	--------------	---------

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**

KRASSNER BRADLEE
930 WASHINGTON AVE., 5TH FLOOR

MIAMI BEACH FL 33133

Name
KRASSNER BRAD L
Street Address (P.O. Box Number is Not Acceptable)
930 WASHINGTON AVE., 5TH FLOOR

City
MIAMI BEACH FL Zip Code
33139

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 **BRAD L. KRASSNER****05/01/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	D KREVSLEN ROBERT 930 WASHINGTON AVE., 5TH FLOOR MIAMI BEACH FL 33133	<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS STEVEN 33 PEMBROKE ROAD LONDON UK W8 6DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FROMM DEREK 930 WASHINGTON AVE., 5TH FLOOR MIAMI BEACH FL 33133	<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD FROMM DEREK 930 WASHINGTON AVE., 5TH FLOOR MIAMI BEACH FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
--	---	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD KRASSNER BRADLEE 930 WASHINGTON AVE., 5TH FLOOR MIAMI BEACH FL 33133	<input type="checkbox"/> Delete
--	---	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMD KRASSNER BRAD L 930 WASHINGTON AVE., 5TH FLOOR MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: **Derek FROMM**

P

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)