

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F97000000203

1. Entity Name

VINTEN INC.

FILED

00 FEB 11 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

EXECUTIVE BLVD.  
COTTAGE NY 10989

709 EXECUTIVE BLVD.  
VALLEY COTTAGE NY 10989-2011

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

11-2800192

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHWENK, KEN	
STREET ADDRESS	709 EXECUTIVE BLVD.	
CITY-ST-ZIP	VALLEY COTTAGE NY 10989	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PISCITELLI, NICHOLAS	
STREET ADDRESS	709 EXECUTIVE BLVD.	
CITY-ST-ZIP	VALLEY COTTAGE NY 10989	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTELL, MICHAEL L	
STREET ADDRESS	521 5TH AVE., 22ND FLOOR	
CITY-ST-ZIP	NEW YORK NY 10175	
TITLE	VDC	<input type="checkbox"/> Delete
NAME	BAGGOTT, MALCOLM A	
STREET ADDRESS	21 LONDON END, THE MALT HOUSE	
CITY-ST-ZIP	BEACONSFIELD BUCKINGHAMSHIRE	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DeNicola, Mike	
STREET ADDRESS	709 Executive Blvd	
CITY-ST-ZIP	Valley Cottage, NY 10989	
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		
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:

*Nicholas Piscitelli*

Nicholas Piscitelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)