

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000203

1. Entity Name
VINTEN INC.

Principal Place of Business
709 EXECUTIVE BLVD.
VALLEY COTTAGE NY 10989

Mailing Address
709 EXECUTIVE BLVD.
VALLEY COTTAGE NY 10989

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DENICOLA, MIKE
709 EXECUTIVE BLVD.
VALLEY COTTAGE NY 10989 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
PISCITELLI, NICHOLAS
709 EXECUTIVE BLVD.
VALLEY COTTAGE NY 10989 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300004562603-0
08/29/01-01086-026
****550.00 ****550.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MARTELL, MICHAEL L
521 5TH AVE., 22ND FLOOR
NEW YORK NY 10175 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VDC
BAGGOTT, MALCOLM A
21 LONDON END, THE MALT HOUSE
BEACONSFIELD BUCKINGHAMSHIRE ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

01 AUG 21 AM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0132277 AT

CR2034 (5/01)



ACCOUNT NO. : 072100000032

REFERENCE : 434641 7169907

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : August 20, 2001

ORDER TIME : 10:17 AM

ORDER NO. : 434641-005

CUSTOMER NO: 7169907

CUSTOMER: Mr. Nick Piscitelli
Vinten, Inc.
709 Esecutive Blvd.

Valley Cottage, NY 10989

ANNUAL REPORT FILING

NAME: VINTEN INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: _____

RECEIVED
01 AUG 21 PM 12:03
DIVISION OF CORPORATION