

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G02815

1. Entity Name

VIRANO ENTERPRISES, INC.

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90021 048 ***150.00

Principal Place of Business

Mailing Address

802 S. DIXIE HIGHWAY
WEST PALM BEACH FL 33401

802 S. DIXIE HIGHWAY
WEST PALM BEACH FL 33409-2016

2. Principal Place of Business

3. Mailing Address

1957 BRANDYWINE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. 103

City & State

City & State

WEST PALM BEACH FLA.

Zip

Country

Zip

Country

33409.

U.S.A.

4. FEI Number

59-2226868

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

SCHWENCKE, KERRY R.
1645 P.B. LAKES BLVD STE 290
WEST PALM BEACH FL 33401

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
NAME VIRANO, JEFFREY R.
STREET ADDRESS 802 S. DIXIE HWY.
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE PD.
NAME VIRANO JEFFREY R.
STREET ADDRESS 1957 BRANDYWINE RD.
CITY-ST-ZIP WEST PALM BEACH FL. ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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:

JEFFREY VIRANO 4 24 00 561 478 9596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/99