

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H29675**

1. Entity Name

V.P. FINANCIAL CORP.

Principal Place of Business

Mailing Address

4300 N UNIVERSITY DR
STE A-203
LAUDERHILL FL 33351
USP.O. BOX 451539
SUNRISE FL 33345
US

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 **59-2906554**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

STEIN, HAROLD
6987 QUEENFERRY CIRCLE
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name **Amy Stein**

Street Address (P.O. Box Number is Not Acceptable)

390 SE MIZNER BLVD #1803City **BOCA RATON****FL**Zip Code
33432

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 *Amy Stein, Secy Treas.*

Signature, typed or printed name of registered agent and title if applicable

AMY STEIN

(NOTE: Registered Agent signature required when reinstating)

1/5/01

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 State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **STEIN, HAROLD**
STREET ADDRESS **6987 QUEENFERRY CI**
CITY-ST-ZIP **BOCA RATON FL**TITLE **ST** ☐ Delete
NAME **AMY STEIN**
STREET ADDRESS **390 SE MIZNER BLVD #1803**
CITY-ST-ZIP **BOCA RATON FL 33432**TITLE **V** ☐ Delete
NAME **PERIN, STUART**
STREET ADDRESS **10586 STONEBRIDGE BLVD**
CITY-ST-ZIP **BOCA RATON FL 33498**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P V** ☒ Change ☐ Addition
NAME **PERLIN, STUART**
STREET ADDRESS **10586 STONEBRIDGE BLVD**
CITY-ST-ZIP **BOCA RATON, FL 33498**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME **see above**
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: *Amy Stein* **AMY STEIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01

Date

954-747-9999

Daytime Phone #

**FILED
Jan 12, 2001 8:00 am
Secretary of State**

01-12-2001 90016 031 ***158.75

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)