

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H29675**1. Entity Name
V.P. FINANCIAL CORP.Principal Place of Business
**4300 N UNIVERSITY DR
STE A-203
LAUDERHILL FL 33351
US**Mailing Address
**P.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 Applicable5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****STEIN, AMY
390 SE MIZNER BLVD
#1803
BOCA RATON FL 33432****7. Name and Address of New Registered Agent**Name **STEIN, AMY**
Street Address (P.O. Box Number is Not Acceptable)
4251 NW 65 ROAD
BOCA RATON
City **FL** Zip Code **33496**

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* **AMY STEIN SEC/Treas.** **1/7/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2002 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 **PV** ☐ Delete
NAME **STUART, PERLINA**
STREET ADDRESS **10586 STONEBRIDGE BLVD**
CITY-ST-ZIP **BOCA RATON FL 33498**TITLE **ST** ☐ Delete
NAME **AMY STEIN**
STREET ADDRESS **390 SE MIZNER BLVD #1803**
CITY-ST-ZIP **BOCA RATON FL 33432**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 **PV** ☒ Change ☐ Addition
NAME **STUART, PERLIN**
STREET ADDRESS **10586 Stonebridge Blvd**
CITY-ST-ZIP **BOCA RATON, FL 33498**TITLE **ST** ☒ Change ☐ Addition
NAME **AMY STEIN**
STREET ADDRESS **4251 NW 65 ROAD**
CITY-ST-ZIP **BOCA RATON, FL 33496**TITLE ☐ Change ☐ Addition
NAME
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** **1/7/02** **954-747-9999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #**FILED**
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90011 026 ***158.75

901110



DO NOT WRITE IN THIS SPACE

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