


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90032 011 ***158.75

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
1801 NW 66 Avenue

3. Mailing Address

Suite, Apt. #, etc.
Suite 104

City & State
Plantation, FL

City & State

4. FEI Number 59-2906554 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip 33313 Country USA

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

STEIN, AMY
4251 NW 65 ROAD
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PV	<input type="checkbox"/> Delete
NAME	STUART, PERLIN	
STREET ADDRESS	10586 STONEBRIDGE BLVD	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	ST	<input type="checkbox"/> Delete
NAME	AMY STEIN	
STREET ADDRESS	4251 NW 65 ROAD	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Amy Stein AMY STEIN Date: 1/7/03 Daytime Phone #: 954-792-9999

CR2E034 (10/02)