## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **H38876**

1. Entity Name<sup>\*</sup>

VYCO, INC.

				{	05-10-20	00 90085 01	0 ***150	.00
Principal Plac	e of Business	Mailing Address						
2020 WASHING APT 5 HOLLYWOOD F		2020 Washington Street APT 5 HOLLYWOOD FL 33020-6906						
2. Principal P	Place of Business	3. Mailing Address	<del></del>					
1776 POLK ST 1776 PO Suite, Apt. #, etc. Suite, Apt. #, etc.			<u>k ST</u> A		C IEBIBIC BIBB IIIBI IBIBI IBIBI	WRITE IN THIS S	Elett Stätt Ele	IE MEMEE EMME
	word Florida	City & State Hollywood	Florid	1 1	FEI Number NOT AF	PLICABLE	No	oplied For of Applicable
330		33020	Country USA		Certificate of Status Desire	ad LJ F	88.75 Addee Require	
6. Name and Address of Current Registered Agent					Name and Address of Ne	w Registered A	gent	
HAWKINS, VYONA F				Jaw ross (BO B	kins Vyc	na F		
2020 WASHINGTON STREET APT 5				1776	Paik ST	Apt 11	<u>-A</u>	
,								
HOLLYWOOD FL 33020				folly	wood	FL	Zip Cod	020
8. The above	named entity submits this statement for Wyona Haw Signature, typed of printed name of registered agent a	Rirs presi	gistered office or re deut tegistered Agent signature			f Florida. 4/26	/20	<u>oo_</u> .
, , , , , , , , , , , , , , , , , , , ,			FEE IS \$150.00 Fee will be \$55 to Department of	0.00 of State	10. Election Campaign Trust Fund Contrib	oution.	Added	May Be
11.	OFFICERS AND	DIRECTORS	12.	ΑĽ	DDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11
TITLE	P	☐ Delete		iP .			Change	☐ Addition
NAME	HAWKINS, VYONA		NAME	Haw	kins Uyona	L		
STREET ADDRESS	2020 WASHINGTON ST #5		STREET ADDRESS	1776	kins, Uyon a Polk St. Apt	. II-A		
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP	Holly		3020		
TITLE	D	☐ Delete	TITLE		6. 61	V	Change	Addition
NAME	HAWKINS, GLORIN K.		NAME	Ha		nto K.		
STREET ADDRESS	2630 WRONDEL WAY		STREET ADDRESS	・ハフマ	6 Polk ST, A			
	בטטט זוווטווטנג זיהו							
CITY-ST-ZIP	RENO NV		CITY-ST-ZIP	Hol	lywood FI	3302	0	
CITY-ST-ZIP		□ Delete	CITY-ST-ZIP TITLE	Hol	lywood FI	3302	C Change	Addition
		☐ Delete		Hol	lywood FI	3302		Addition
TITLE		☐ Delete	TITLE NAME STREET ADDRESS	Hol	lywood FI	3302		Addition
TITLE		☐ Delete	TITLE NAME	Hol	lywood FI	<u> </u>		Addition
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS	Hol	lywood FI	3309		☐ 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

4/26/2000

954 922-9019

☐ Change

☐ Change

■ Addition

Addition

**FILED** 

May 10, 2000 8:00 am Secretary of State

Daytime Phone #

CHZE034 (9/99)