

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0406935  
AV

DOCUMENT # **H91585**

1. Entity Name  
**V.F. 24 HOLDINGS, INC.**



FILED

03 APR 25 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**BROAD & CASSEL  
7777 GLADES RD #300  
BOCA RATON FL 33434  
US**

Mailing Address  
**BROAD & CASSEL  
7777 GLADES RD #300  
BOCA RATON FL 33434  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

4. FEI Number **59-2638487**

Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DEUTCH, JEFFREY  
BROAD & CASSEL  
7777 GLADES RD #300  
BOCA RATON FL 33434**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>TVD</b>	<input type="checkbox"/> Delete
NAME	<b>GATTINGER, FRANKLIN J.</b>	
STREET ADDRESS	<b>8600 DECARIE BLVD, SUITE 200</b>	
CITY-ST-ZIP	<b>TOWN OF MOUNT ROYAL QC</b>	
TITLE	<b>PDS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>POMERANTZ, SAUL</b>	
STREET ADDRESS	<b>8600 DECARIE BLVD, STE 200</b>	
CITY-ST-ZIP	<b>TOWN OF MOUNT ROYAL QC</b>	
TITLE	<b>ASD</b>	<input type="checkbox"/> Delete
NAME	<b>ESPOSITO, RAPHAEL JR</b>	
STREET ADDRESS	<b>8600 DECARIE BLVD #200</b>	
CITY-ST-ZIP	<b>MT ROYAL, QC, CANADA</b>	
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		

TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>POMERANTZ, ALICE</b>	
STREET ADDRESS	<b>8600 DECARIE BLVD, SUITE 200</b>	
CITY-ST-ZIP	<b>TOWN OF MOUNT ROYAL, QC. H4P 2N2</b>	
TITLE	<b>CEO, D, S.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>POMERANTZ, TERRY</b>	
STREET ADDRESS	<b>8600 DECARIE BLVD, SUITE 200</b>	
CITY-ST-ZIP	<b>TOWN OF MOUNT ROYAL, QC. H4P 2N2</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **ESPOSITO, RAPHAEL JR.** 2003-04-07 (514) 341-8600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)