

DOCUMENT # L80598

1. Entity Name

VIP'S PARKING SYSTEMS, INC.

C0033305

2. Principal Place of Business 5055 COLLINS AVE Suite, Apt. #, etc. APT. 14-L City & State MIAMI BEACH, FLA. Zip 33139		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country U.S.A.	
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4. FEI Number	65-0342957	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

Name	
Street Address (P.O. Box Number is Not Acceptable)	
5055 COLLINS AVE APT. 14-L	
City	Zip Code
MIAMI BEACH	FL 33139

SIGNATURE PROS. (FRANK PINTADO) 2/29/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D PINTADO, FRANK 2436 S.W. 109TH AVENUE MIAMI FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5055 COLLINS AVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete V.P. MARIA T. PINTADO 5055 COLLINS AVE APT. 14-L MIAMI BEACH, FLA. 33139	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: FRANK PINTADO 2/29/2010 305-216-7251

CR2E034 (9/99)