

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90267 001 ***450.00

DOCUMENT # L82211

1. Entity Name
VINBILDAVE, INC.

Principal Place of Business
**1159 HILLSBORO MILO
 CELENTANO OFFICE
 HILLSBORO BEACH FL 33062
 US**

Mailing Address
**1159 HILLABORO MILE
 CELENTANO OFFICE
 HILLSBORO BEACH FL 33062
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0205548**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CELENTANO, DAVID
 1159 HILLSBORO MILE
 HILLSBORO BEACH FL 33062**

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.

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

9. 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CELENTANO, DAVID 1159 HILLSBORO MILE HILLSBORO BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CELENTANO, VINCENT L. 987 HILLSBORO MILE HILLSBORO BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CELENTANO, WILLIAM 987 A1A HILLSBORO BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CELENTANO, VINCENT D 987 HILLSBORO MILE HILLSBORO BEACH FL 33062	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:

Vincent D Celentano
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VINCENT D CELENTANO 4-15-01 954-986-0150

CR2E034 (10/00)