

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M40063

1. Entity Name

VIDEN CORPORATION

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90034 043 ***150.00

Principal Place of Business

Mailing Address

305 S ANDREWS AVE
~~S605~~
 FT LAUDERDALE FL 33301

305 S ANDREWS AVE
~~S305~~
 FT LAUDERDALE FL 33301-1859

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1248936

Applied For

Not Applicable

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

GERTZ, KIM
 305 S ANDREWS AVE
~~S605~~
 FT LAUDERDALE FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 200

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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 ☐ Delete
 NAME PD
 STREET ADDRESS DAMIO, DENNIS
 CITY-ST-ZIP 29 QUAKER LN.
 TRUMBULL CT

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

TITLE ☐ Delete
 NAME VD
 STREET ADDRESS GERTZ, KIM
 CITY-ST-ZIP 305 S ANDREWS AVE
 FT LAUDERDALE FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: *Kimberly Gertz* **SIGNATURE REQUIRED** *Kimberly Gertz-rp 4/24/00* *(954) 463-3372*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR: E024 (0001)