

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M63260

1. Entity Name:
VINYL CORP.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90115 027 ***558.75

Principal Place of Business

8255 N.W. 70TH ST.
MIAMI FL 33166
US

Mailing Address

8255 N.W. 70TH ST.
MIAMI FL 33166
US

2. Principal Place of Business

3. Mailing Address

4825 N. SCOTT STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 300

City & State

City & State

SCHILLER PARK, IL

Zip

Country

Zip

Country

60176 US

4. FEI Number

65-0020683

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ARTILES, RUBEN
8130 N.W. 74TH ST.
MEDLEY FL 33166

7. Name and Address of New Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

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

James M. Halpin

James M. Halpin, Assistant Secretary

7/26/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	REYES, ERENIO	
STREET ADDRESS	8255 N.W. 70 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	ARTILES, RUBEN	
STREET ADDRESS	8130 N.W. 74 STREET	
CITY-ST-ZIP	MEDLEY FL	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	BIFANO, GABRIEL	
STREET ADDRESS	8255 NW 70 STREET	
CITY-ST-ZIP	MIAMI FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAREN W. SMITH	
STREET ADDRESS	4825 N. SCOTT ST, STE. 300	
CITY-ST-ZIP	SCHILLER PARK, IL 60176	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR L. WHITMAN	
STREET ADDRESS	4825 N. SCOTT ST, STE. 300	
CITY-ST-ZIP	SCHILLER PARK, IL 60176	
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		
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		

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:

ARTHUR L. WHITMAN, EVP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/25/00 (847) 928-3400