

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 28, 2000 08:00 AM
Secretary of State

DOCUMENT # **N98000005755**

1. Entity Name

THE VELLA PERFORMANCE ENSEMBLE, INC.

Principal Place of Business

Mailing Address

1640 NORTHEAST 4TH PLACE #3

1640 NORTHEAST 4TH PLACE #3

FORT LAUDERDALE
33301

FL

FORT LAUDERDALE
33301

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0951996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERKSTRESSER SHANNON
1640 NORTHEAST 4TH PLACE #3

FORT LAUDERDALE
33301

FL

US

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 **SHANNON BERKSTRESSER**

05/28/2000

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME JONES LESLIE R ☐ Delete
STREET ADDRESS 9565 N.W. 27TH COURT
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

TITLE
NAME DASTANZI KIM ☐ Delete
STREET ADDRESS 10082 TWIN LAKES DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071

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

TITLE
NAME D BARRY MEREDITH ☐ Delete
STREET ADDRESS 5660 N.W. 98TH WAY
CITY-ST-ZIP CORAL SPRINGS FL 33076

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

TITLE
NAME D BERKSTRESSER SHANNON ☐ Delete
STREET ADDRESS 1640 NORTHEAST 4TH PLACE #3
CITY-ST-ZIP FORT LAUDERDALE FL 33301

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 617, 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.