

FILED
Jun 25, 2001 8:00 am
Secretary of State

05-23-2001 90463 028 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000023135

1. Entity Name
VANENS, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business
947 Longdale Avenue

3. Mailing Address
947 Longdale Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Longwood, Florida

City & State
Longwood, Florida

4. FEI Number
59-3629021

Applied For
Not Applicable

Zip
32750

Country

Zip
32750

Country
USA

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

Christopher C. Cathcart, Esquire
210 N. Wymore Road
Winter Park, Florida 32789

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
William O. Crosby
920 B. Orange Avenue
Winter Park, Florida 32789 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/S/T/D
Fabio Gambarino
947 Longdale Avenue
Longwood, Florida 32750 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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:

FABIO GAMBARINO

Date

Daytime Phone

CR2E034 (11/00)

mailed 4/30/01 - via fed express