

2/14

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90029 025 \*\*\*150.00

**DOCUMENT # P00000023771**

1. Entity Name

**VEIN INVESTMENT CORP.**

Principal Place of Business

Mailing Address

P O BOX 2262  
DELRAY BEACH FL 33447P O BOX 2262  
DELRAY BEACH FL 33447

2. Principal Place of Business

P.O. Box 2262

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2262

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

Delray Bch FL

City &amp; State

Delray Bch FL

4. FEI Number

65-0996182

Applied For

Not Applicable

Zip

33447

Country

P.B.

Zip

33447

Country

P.B.

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

6. Name and Address of Current Registered Agent

EDIE, DENNIS S  
 5073 BUCHANAN ROAD  
 DELRAY BEACH FL 33447

7. Name and Address of New Registered Agent

Name

Dennis Edie

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

5073 Buchanan Rd.

City

Delray Bch.

FL

Zip Code

33484

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 re-registering)

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

TITLE ☐ Delete  
 NAME President  
 STREET ADDRESS Dennis Edie  
 CITY-ST-ZIP 5073 Buchanan Rd.  
 Delray Bch. FL 33447

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 9, 2001

Date

Daytime Phone #

CPRE034 (10/00)