UNIFORM BUSINESS REPORT (UBR) 2001

DOCUMENT # P000000 28319

Entity Name

The VRD GROUP INC.

Principal Place of Business
18459 Pines Blvd #311
Pembroke Pines FL 33029

Mailing Address

FILED
01 MAY -3 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
Same as Above	Same as Above	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 65-0997695 ☐ Applied For ☐ Not Applicable
Zip / Country U.S.	Zip / Country U.S.	5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Nancy F. RAYMOND
18459 Pines Blvd #311
Pembroke Pines FL 33029
FEI# 65-0997695

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 NANCY F. RAYMOND Nancy F. Raymond 4/30/01
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 Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO/CHAIRMAN LIONEL MCELVEE 18459 PINES BLVD #311 Pembroke Pines FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OFFICER MARILYN DINKINS 698 ORANGE AVE APT 320 LONG BEACH CA 90802
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JOHNNY L. MCKNIGHT 4328 MANHATTAN BCH BLVD #2 LAWNDALE CA 90260	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OFFICER LOREN M. JOALES 8540 SW 180 STREET MIAMI FL 33157
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR WILLIE HARVEY 21840 SW 108 COURT Miami, FL 33170	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add OFFICER RAYNARD HARRINGTON (DECEASED) 14125 SW 109 PLACE MIAMI FL 33176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR NANCY R. RAYMOND 8080 NW 186 ST MIAMI FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add 000004324050--6 -05/29/01 --01002--001 ****635.00 ****158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OFFICER TAHIR PALMORE 14125 SW 109 PLACE MIAMI FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OFFICER CLAYTON C HILL 1240 NW 155 LANE APT 308 OPA-LOCKA FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy F. Raymond