

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033331

Entity Name
ONLY VINTAGE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 PM 3:48

Principal Place of Business

15930 S.W. 56TH STREET
FORT LAUDERDALE FL 33331

Mailing Address

15930 S.W. 56TH STREET
FORT LAUDERDALE FL 33331

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

ETN = 65-1094773

Applied For

Not Applicable

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

ARMANDA, HUMBERTO
15930 S.W. 56TH STREET
FORT LAUDERDALE FL 33331

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

NA

Signature, typed or printed name of registered agent and fee 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
D
ARMANDA, HUMBERTO
15930 S.W. 56TH STREET
FORT LAUDERDALE FL 33331

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
ARMANDA, GREDA
15930 S.W. 56TH STREET
FORT LAUDERDALE FL 33331

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
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Delete

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STREET ADDRESS
CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
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 registered agent 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 (he) empowered.

SIGNATURE:

HUMBERTO ARMANDA

4/29/2001 (95) 436-6622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clerk

Deputy Clerk

CR2E034 (1/0/00)