FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041932

1. Entity Name

VLADY CORPORATION

FILED
02 JUN 12 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11455 Orange BlonsonT	SAME
Suite, Apt. #, etc. Suite # 6	Suite, Apt. #, etc.
City & State Orlando, FL	City & State
Zip 32837 Country U.S.	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3643031 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: DAMARIS SERRANO

Street Address (P.O. Box Number is Not Acceptable): 2624 Bayleaf Dr.

City: Orlando FL Zip Code: 32837

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.

600005893296--7
-06/20/02--01083--003
****300.00 ****300.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1-May 1 Fee is $150.00
After May 1 Fee is $500.00
Amended UBR is $61.25
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	President	
NAME	Damaris Serrano	
STREET ADDRESS	2624 Bayleaf Dr.	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CR2E034B (12/01)

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

SIGNATURE: _____ 4/26/02 (407) 251-6464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #