

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047076

1. Entity Name
VICKY'S VARIETY INC.

Principal Place of Business
1898 SW 42ND AVE
FORT LAUDERDALE FL 33317-6309

Mailing Address
1898 SW 42ND AVE
FORT LAUDERDALE FL 33317-6309

2. Principal Place of Business
3905 Davie Blvd
Suite, Apt. #, etc.

3. Mailing Address
3905 Davie Blvd
Suite, Apt. #, etc.

City & State
Fort Lauderdale
Zip
FL

City & State
Fort Lauderdale, FL
Zip
33312
Country
U.S.A

4. FEI Number
52-2238551
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

WILLIAMS, VICKY
1898 SW 42ND AVE
FORT LAUDERDALE FL 33317-6309

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 Vicky Williams Pcty Williams. 4-9-01
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	PD WILLIAMS, VICKY 1898 SW 42ND AVE FORT LAUDERDALE FL 33317-6309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, SANDY 1898 SW 42ND AVE FORT LAUDERDALE FL 33317-6309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vicky's Variety INC. Vicky Williams 3905 Davie Blvd Fort L. FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vicky Variety Inc. Williams Sandy 3905 Davie Blvd Fort Lauderdale FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Pcty Williams. 4-9-01 954-817-7270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 17, 2001 8:00 am
Secretary of State
04-17-2001 90126 022 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)