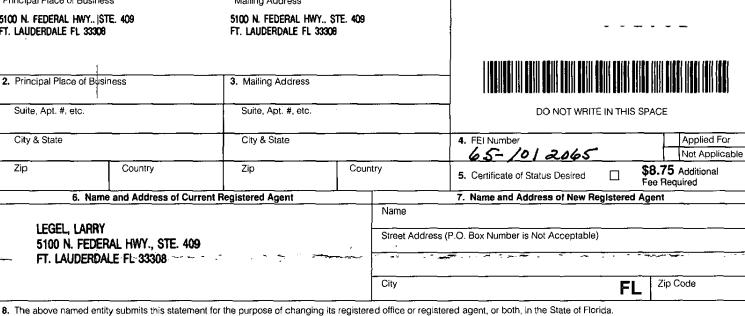
\$5.00 May Be

Added to Fees

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000053418~ 1. Entity Name VETTE EXPERTS, INC. Principal Place of Business Mailing Address 5100 N. FEDERAL HWY., |STE. 409 5100 N. FEDERAL HWY., STE. 409 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country 6. Name and Address of Current Registered Agent

FILED Apr 28, 2001 8:00 am Secretary of State

04-28-2001 90066 040 ***150.00



DATE

10. Election Campaign Financing

Trust Fund Contribution.

| (See Chicha on back) | | | make Check Payable to Department of State | | ate | | | |
|---|--|--|---|---|---|----|----------|------------|
| 11. OFFICERS AND DIRECTORS | | | | 12. | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | 3 IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEGEL, LARRY 5100 N. FEDERAL FT. LAUDERDALE | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | N. | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS, CITY-ST-ZIP | The state of the s | | ☐ Delete | 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 CITY-ST-ZIP | | | ☐ Delete | 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 |

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

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:

LEGEL, LARRY

SIGNATURE

5100 N. FEDERAL HWY., STE. 409 FT. LAUDERDALE FL-33308 ----

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable

NG OFFICER OR DIRECTOR