

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90971 031 ***150.00

DOCUMENT # **P00000076328**

1. Entity Name

Von Enterprises International, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20045 NE 3 Ct. #6

3. Mailing Address

Suite, Apt. #, etc.

#6

City & State

Miami, Florida

City & State

Zip **33179**

Country **USA**

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Trenae Floyd**

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

20045 NE 3 Ct. #6

City **Miami**

FL

Zip Code

33179

**DO NOT WRITE
IN THIS SPACE**

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

Trenae Floyd

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

(NOTE: Registered Agent signature required when reinstating)

3/23/02

DATE

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 \$550.00

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, Secretary & Treasurer**
NAME **Trenae Floyd**
STREET ADDRESS **20045 NE 3 Ct. #6**
CITY-ST-ZIP **Miami, FL 33179**

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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:

Trenae Floyd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/02

Date

(305) 651-8388

Daytime Phone #

CR2E034B (12/01)