2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P00000085921** 1. Entity Name V.I.P. TRADE ENTERPRISE, INC. 4-26-2001 90222 010 ***150.00 Principal Place of Business Mailing Address 772 KEATON PARKWAY POST OFFICE BOX 1173 OCOEE FL 34761 APOPKA FL 32704 2. Principal Place of Business
818 RIVEL BEND 3. Mailing Address POBOX 1173 BiV DO NOT WRITE IN THIS SPACE 4. FEI Number 59 - 3669764 City & State LONG Wood City & State Applied For FC APOPKA Not Applicable Country \$8.75 Additional 32704 5. Certificate of Status Desired SEMINOLE ORAMGE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PANTEA, VIRGIL I SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 818 RIVERBEND BLV LON GWOOD 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. VIRGIC - OWNER 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE ☐ Delete TITLE CR2E034 (10/00) Change ___ Addition NAME PANTEA, VIRGIL I NAME STREET ADDRESS 772 KEATON PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OCOEE FL 34761** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition

13. Thereby 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 thustee 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 a haddless, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

CICNATUDE.

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

Wild Vile (1)

PANTEA

4/18/01 (407)927-769