

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

DOCUMENT # *P01000005021*

1. Entity Name

VIT GROUP INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6815 Willow Creek Run

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

Zip *33463*

Country

Zip

Country

4. FEI Number

65-1084778

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CARLOS ARICAPA

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

6815 Willow Creek Run

City *LAKE WORTH*

FL

Zip Code *33463*

8. The above named entity submitted this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Carlo*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *3/3/02*

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PRESIDENT / DIRECTOR
SANDRA FORERO
6815 WILLOW CREEK RUN
LAKE WORTH, FL 33463**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SECRETARY / DIRECTOR
CARLOS ARICAPA
6815 WILLOW CREEK RUN
LAKE WORTH, FL 33463**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Sandra Forero*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/02

Date

Daytime Phone #

CR2E034B (12/01)