

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

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90046 041 ***150.00

DOCUMENT # **P01000014554**

1. Entity Name

Vamont, Inc.



DO NOT WRITE IN THIS SPACE

90002058

2. Principal Place of Business
4900 North Ocean Blvd.

3. Mailing Address
4900 North Ocean Blvd.

Suite, Apt. #, etc.
1615

Suite, Apt. #, etc.
1615

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33308

Country

Broward

Zip

33308

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Nelson, Jeffrey V. / Vezina Lawrence & Piscitelli, P.A.

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

350 East Las Olas Blvd. Suite 1130

City **Fort Lauderdale**

FL

Zip Code
33301

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D / Nelson, Jeffrey V. 4900 North Ocean Blvd. Suite 1615 Fort Lauderdale, FL 33308			
D / Montes, Eduardo 4900 North Ocean Blvd. Suite 1615 Fort Lauderdale, FL 33308			

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey V. Nelson

1/10/03

Date

954-568-2856

Daytime Phone #

CR2E034B (12/02)