

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

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90467 044 ***158.75

DOCUMENT # P01000016896

1. Entity Name

VBUCKS, INC.

DO NOT WRITE IN THIS SPACE

80068606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

330 East Commercial Blvd.
Suite, Apt. #, etc.

3. Mailing Address

330 East Commercial Blvd.
Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

Country

33334 USA

City & State

Ft. Lauderdale, FL

Zip

Country

33334 USA

4. FEI Number

651092641

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Eric A. Waraftig, Esq.

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

5811B North Andrews Way

City

Ft. Lauderdale, FL

Zip Code

33309

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Eric A. Waraftig

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 Director
NAME Reuven Benami
STREET ADDRESS 4678 Kelly Drive
CITY-ST-ZIP West Palm Beach, FL 33415

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 351-1121

Deputy Phone #