

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90121 026 ***550.00

DOCUMENT # P01000041592

1. Entity Name
VAMANI, CORP

Principal Place of Business

**2011 SW 98TH TERRACE
 DAVIE FL 33324
 US**

Mailing Address

**2011 SW 98TH TERRACE
 DAVIE FL 33324
 US**

2. Principal Place of Business

**3045 PERRIWINKLE CIR.
 Suite, Apt. #, etc.**

3. Mailing Address

**3045 PERRIWINKLE CIR.
 Suite, Apt. #, etc.**

City & State
DAVIE FL

Zip
33328

Country
US

City & State
DAVIE FL

Zip
33328

Country
US

4. FEI Number
65-1100314

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**POZZA, VALERIE
 2011 SW 98TH TERRACE
 DAVIE FL 33324**

7. Name and Address of New Registered Agent

Name **VALERIE POZZA**

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

3045 PERRIWINKLE CIRCLE

City **DAVIE**

FL

Zip Code
33328

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 **Valerie Pozza** **RESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

9/10/02

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☐ Delete
 NAME **POZZA, VALERIE**
 STREET ADDRESS **2011 SW 98TH TERRACE**
 CITY-ST-ZIP **DAVIE FL 33324**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **POZZA, VALERIE**
 STREET ADDRESS **3045 PERRIWINKLE CIRCLE**
 CITY-ST-ZIP **DAVIE, FL 33328**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Valerie Pozza** **VALERIE POZZA** **9/10/02** **954-445-2449**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

CR2E034 (4/02)