

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91522 038 ***150.00

DOCUMENT # **P01000063889**

1. Entity Name

V.I.P. SOLUTIONS INC ✓



10090313

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1980 S. OCEAN DRIVE

3. Mailing Address

1980 S. OCEAN DR

Suite, Apt. #, etc.

SUITE 4P S

Suite, Apt. #, etc.

SUITE 4P S

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

4. FEI Number

65-1117018

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

33009

Country

USA

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

7. Name and Address of Current Registered Agent

Name

MAHON JAMES F.

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

2850 N. ANDREWS AVE

City

FT. LAUDERDALE

FL

Zip Code

33311

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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. 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
**D
SHUMAN, ADAM
1980 S. OCEAN DRIVE SUITE 4PS
FT. LAUDERDALE FL 33009**

TITLE
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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

Director 4/25/03

Date

Daytime Phone #

954 646 3937

CR2E034B (12/02)