

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90035 021 \*\*\*150.00

**DOCUMENT # P01000083355**

1. Entity Name

**V & T 2000 CORPORATION**

Principal Place of Business

**915 N. "L" STREET  
LAKE WORTH FL 33460**

Mailing Address

**915 N. "L" STREET  
LAKE WORTH FL 33460**

2. Principal Place of Business

**4415 WESTRD DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**4415 WESTRD DRIVE**

Suite, Apt. #, etc.

City & State

**WEST PALM BEACH FL**

City & State

**WEST PALM BEACH FL**

4. FEI Number

**65-1133442**

Applied For

Not Applicable

Zip

**33407**

Country

Zip

**33407**

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MOLNAR, A. TAMAS**

**915 N. "L" STREET  
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name **MOLNAR A TAMAS**

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

**4415 WESTRD DRIVE**

City **WEST PALM BEACH**

FL

Zip Code **33407**

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

*Tamas Molnar*

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00**

**After May 1, 2002 Fee will be \$550.00**

**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 ☐ Delete  
NAME **D MOLNAR A TAMAS**  
STREET ADDRESS **4415 WESTRD DR**  
CITY-ST-ZIP **WEST PALM BCH FL 33407**

TITLE ☐ Delete  
NAME **D VARI VIKTORIA**  
STREET ADDRESS **4415 WESTRD DR**  
CITY-ST-ZIP **WEST PALM BCH FL 33407**

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 ☐ 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

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:**

*Tamas Molnar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)