

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

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91206 042 ***150.00

DOCUMENT # P01000098581 ✓

1. Entity Name

VIP ENTERTAINMENT GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6338 SW 138TH PATH

3. Mailing Address

6338 SW 138TH PATH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL 33183

City & State

MIAMI, FL 33183

Zip

Country

US

Zip

Country

US

4. FE# Number

65-1143957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BRYAN R. PENA

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

1914 NW 107TH AVE SUITE 103

City

MIAMI

FL

Zip Code

33172

**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.

SIGNATURE

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) ☐

**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 PRESIDENT
NAME BRYAN R. PENA
STREET ADDRESS 1756 N. BAYSHORE DR. APT. 18N
CITY-ST-ZIP MIAMI, FL 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRESIDENT
NAME MIGUEL A. VALENZUELA
STREET ADDRESS 8215 LAKE DRIVE APT. B308
CITY-ST-ZIP MIAMI, FL 33166

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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

Daytime Phone #

5/28/02 (305) 720-8535