


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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90727 028 ***150.00

DOCUMENT # *P02000038174*

1. Entity Name
VUM CIN ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

70039523

2. Principal Place of Business
920 Seenic Oak Lane

3. Mailing Address
920 Seenic Oak Lane

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Walton Beach, FL

City & State
Fort Walton Beach, FL

4. FEI Number
03-0413959

Applied For
 Not Applicable

Zip
32547

Country

Zip
32547

Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

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

City **FL** Zip Code

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 *X [Signature]*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

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
<input checked="" type="checkbox"/>	<i>President</i>	<input checked="" type="checkbox"/> Add	<i>VUM ZA CIN</i>	<i>920 Seenic Oak Lane</i>	<i>Fort Walton Beach, FL 32547</i>

DO NOT WRITE 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: *X [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)