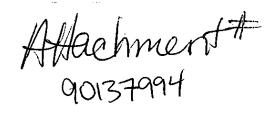
## FILED May 30, 2003 8:00 am Secretary of State 05-30-2003 90082 007 \*\*\*150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000111147												
1. Entity Name V.A.C.L. NARDI CORPORATION							_	# . d	<b>.</b>			
Principal Place of Business 777 E. ATLANTIC AVENUE DELRAY BEACH, FL 33483			Mailing Address 777 E. ATLANTIC AVENUE DELRAY BEACH, FL 33483		<u> </u>	<del> </del>   	9	01379	394			
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_	HERE IF M					
City & State			City & State			4. FEI Number 26-056058			No	Applied For Not Applicable		
Zip	Country		Zip Cour		5. Certificate of		Pertificate of Status De		F	8.75 Add se Require		
	6. Name and Addr	eas of Current Re	gistered Agent		Name	7. N.	aine and Address of	Now Regis	tered Ag	<u>ent</u>		-
NARDI, VINCENT 7777 E. ATLANTIC AVENUE DELRAY BEACH, FL 33483			Street Address			P.O. Bo	ox Number is Not Acc	eptable)				1
											r	
			· · · · · · · · · · · · · · · · · · ·		City				FL	Zip Code		
8. The above the obligat	named entity submits to tions of registered agent	his statement for th	ne purpose of changin	ig its register	red office or register	ed age	ent, or both, in the Sta	te of Florida.	lam fai	niliar with,	and accept	
SIGNATURE	Signature, typactor printed name	eol mysteret agent and	jide i apyticable.	(NOTE Register	ed Agent Signature required	i when neir	nstaring)	l'	DATE		<u>:</u>	
After Make Check	FILE NOWIII. FEE IS May 1, 2003 Fee w Payable to Florida	) \$150.00 Il be \$550.00 Department of	State		<del>- 110</del>		9. Election Camp Trust Fund Cor		ng		O May Be	1
10.	<del></del>	FRICERS AND DI	RECTORS	11.		ADC	OITIONS/CHANGES	TO OFFICER	S AND D	IRECTOR:		_
TITLE NAME STREET ADDRESS CITY-ST-2IP	PD GERVASE, CINZIA 9953 THREE LAKE BOCA RATON, FL		□ Dekele	8	, i			h .	[	_ Change	☐ Addition	CRZE034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD NARDI, VINCENT 9953 THREE LAKE BOCA RATON, FL		☐ Delete	N N					[	Change	Addition	CB.
TITLE NAME STREET ADDRESS CITY-ST-ZP			☐ Delete	B	-					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-2IP		<u> </u>	☐ Delete	2	- 1			,	[	] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-2P			☐ Delete	126	-	-		,		Change	☐ Addition	
TITLE NAME STREET AUDRESS CITY-ST-2P			☐ Delete	N					С	Chenge	Addition	] ,
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 supplementar 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other file empowered.												1
SIGNATURE: SIGNATURE AND TYPED OR PRINTED MARIE OF SIGNING OFFICER OR DIRECTOR Costs Costs												





Date: 5/22/2003

To Whom It May Concern:

From:

Vincent Nardi

Subject: Florida Division of Corporations

**Annual Report** 

I have enclosed a copy of Document # P02000111147

and a check payable to Florida Department of State for \$150.00

My original correspondence and my check dated March 1, 2003 are still outstanding. I ask that you please waive the \$400 penalty as the original paperwork must have been lost in the mail.

Thank you.

Vine Mock