

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 # P0200011147

1. Entity Name
V.A.C.L. NARDI CORPORATION



90137994

Principal Place of Business
 777 E. ATLANTIC AVENUE
 DELRAY BEACH, FL 33483

Mailing Address
 777 E. ATLANTIC AVENUE
 DELRAY BEACH, FL 33483

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number
26-0056058

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
NARDI, VINCENT
777 E. ATLANTIC AVENUE
DELRAY BEACH, FL 33483

7. Name and Address of New 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when existing)

FILE NOW!!! FEES \$150.00
 After May 1, 2003 Fee will be \$550.00
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GERVASE, CINZIA	
STREET ADDRESS	9953 THREE LAKES CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 334286207	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	NARDI, VINCENT	
STREET ADDRESS	9953 THREE LAKES CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 334286207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other info empowered.

SIGNATURE: *Vincent Nardi* 5/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment #
90137994

Memo

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.


