

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

0289297 AV

DOCUMENT # P02000115440

1. Entity Name
VAN BU INC.



05-02-2003 90331 001 *****8.75
05-02-2003 90331 002 ***150.00

Principal Place of Business
**14025 VAN BUREN ST.
MIAMI FL 33176**

Mailing Address
**14025 VAN BUREN ST.
MIAMI FL 33176**



2. Principal Place of Business

3. Mailing Address

13941 VAN Buren st.

13941 van Buren st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

miami, fl

miami, fl

4. FEI Number

Applied For

74-3085410

Not Applicable

Zip

Country

Zip

Country

33174

U.S

33174

U.S

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, KELSEY D.
14025 VAN BUREN ST.
MIAMI FL 33176**

Name

Shermain A. Ridgeway

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

13941 VAN Buren st.

City

miami

FL

Zip Code

33174

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

R. Ridgeway #3

1/29/03

FILE NOW!!! FEE IS \$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 ☐ Delete
NAME **P**
STREET ADDRESS **RIDGEWAY, SHERMAIN A**
CITY-ST-ZIP **13941 VAN BUREN ST.
MIAMI FL 33176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **V**
STREET ADDRESS **JOHNSON, IVEY A**
CITY-ST-ZIP **14025 VAN BUREN ST.
MIAMI FL 33176**

TITLE ☒ Change ☐ Addition
NAME **Battle, John W**
STREET ADDRESS **2601 SW 195 terr.**
CITY-ST-ZIP **miami, fl 33029**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **GOMEZ, JONATHAN G**
CITY-ST-ZIP **11440 SW 134 AVE
MIAMI FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **LARK, ERICA S**
CITY-ST-ZIP **11855 SW 123 AVE
MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

Shermain A. Ridgeway #3

4/17/03

786-355-1882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)