

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000004425

1. Entity Name

VITAL INDUSTRIES, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90042 042 ***150.00

Principal Place of Business Mailing Address
8470 NW 61 STREET 8470 NW 61 STREET
MIAMI FL 33166 MIAMI FL 33166-3338

2. Principal Place of Business 3. Mailing Address
13420 S.W. 128th St 13420 S.W. 128th St

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI, FL MIAMI, FL

Zip Country Zip Country
33186 USA 33186 USA

4. FEI Number 65-0853583 Applied For
Not Applicable

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

DEL CID, OSCAR H
8470 NW 61 STREET
MIAMI FL 33166

Name DEL CID, OSCAR H.
Street Address (P.O. Box Number is Not Acceptable)
13420 S.W. 128th St
City MIAMI, FL Zip Code 33186

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 Oscar H. del CID Oscar H. del CID 2/22/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL CID, OSCAR H 8470 NW 61 STREET MIAMI FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL CID, OSCAR H. 13420 S.W. 128th St MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00

Date

Daytime Phone #

305-592-1213

CR2E034 (9/99)