

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000033759

1. Entity Name

VITAVER AND ASSOCIATES, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90087 019 ***150.00

Principal Place of Business

Mailing Address

777 BAYSHORE DRIVE
PH6
FT LAUDERDALE FL 33304
US

5302 NW 32ND LANE
CORAL SPGS. FL 33067-4618
US

2. Principal Place of Business

300 NW 82 AVENUE

3. Mailing Address

777 BAYSHORE DRIVE

Suite, Apt. #, etc.

SUITE #507

Suite, Apt. #, etc.

PH 6

City & State

Plantation, FL

City & State

Ft. Lauderdale, FL

Zip

33324

Country

Broward

Zip

33304

Country

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0421909

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

PABLO, VITAVER
777 BAYSHORE DRIVE
PH6
FT LAUDERDALE FL 33304

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITAVER, PABLO	NAME	
STREET ADDRESS	777 BAYSHORE DRIVE PH 6	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

1/6/00 (991) 382-0075

Date

Daytime Phone #

CR2E034 (9/99)