

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90008 028 ***150.00

DOCUMENT # P93000044975

1. Entity Name

VITA REAL ESTATE & MANAGEMENT CORP.



Principal Place of Business

1550 MADRUGA AVE
STE 120
CORAL GABLES FL 33146

Mailing Address

500 E. MCNAB ROAD
POMPANO BEACH FL 33060
US

2. Principal Place of Business

3. Mailing Address

240 SE 10 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Pompano Beach, FL

Zip

Country

Zip
33060

Country

4. FEI Number

65-0468681

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

RIVLIN, MARK L
1550 MADRUGA AVE STE. #120
CORAL GABLES FL 33146

Name

Edith Nussli

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

240 SE 10 Street

City

Pompano Beach

FL

Zip Code

33060

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

Edith Nussli

Edith Nussli, president

1/28/2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIVLIN, MARK L	
STREET ADDRESS	1550 MADRUGA AVE. STE #120	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D/P	<input type="checkbox"/> Delete
NAME	EDITH NUSSLI	
STREET ADDRESS	500 E. MCNAB RD	
CITY-ST-ZIP	POMPANO BCH. FL 33060	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE:

Edith Nussli, president

1/28/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #