

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 22 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000945058

1. Entity Name
VINDOR PARTNERS, INC.



Principal Place of Business
6422 VIA ROSA
BOCA RATON FL 33433

Mailing Address
6422 VIA ROSA
BOCA RATON FL 33433



2. Principal Place of Business
3435 GULF STREAM RD
Suite, Apt. #, etc.

3. Mailing Address
3435 GULF STREAM RD
Suite, Apt. #, etc.

REINSTATEMENT 03

☐ - CHECK HERE IF MAKING CHANGES

City & State
GULF STREAM FL

City & State
GULF STREAM FL

4. FEI Number 65-0429724

Applied For
☐ Not Applicable

Zip
33483

Country
PALM BEACH

Zip
33483

Country
PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAZZEO, VINCENT P
6422 VIA ROSA
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name
VINCENT P MAZZEO
Street Address (P.O. Box Number is Not Acceptable)
3435 GULF STREAM RD
City
GULF STREAM FL Zip Code
33483

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 PRESIDENT 10/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P MAZZEO, VINCENT P 6422 VIA ROSA BOCA RATON FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VINCENT MAZZEO P 3435 GULF STREAM RD GULF STREAM FL 33483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300024022353 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/22/03--01062--019 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/28 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03

561 391.1728
Daytime Phone #

CR2E034 (4/03)