

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000045800

1. Entity Name

VITECH AMERICA, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90082 050 \*\*\*150.00

Principal Place of Business

Mailing Address

8807 NW 23 STREET  
MIAMI FL 33172

8807 NW 23 STREET  
MIAMI FL 33172-2419

2. Principal Place of Business

2190 NW 89 Place

Suite, Apt. #, etc.

3. Mailing Address

2190 NW 89 Place

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33172

Country

USA

City & State

Miami FL

Zip

33172

Country

USA

4. FEI Number

65-0419086

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TATICH, PHILIP

601 S LAKE DESTINY

THE MAITLAND GREEN BLDG SUITE 200

MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name Tatich, Philip

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

341 N. Maitland Ave.

Suite 340

City Maitland

FL

Zip Code

32751

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ST. LAURENT, WILLIAM C	
STREET ADDRESS	8807 NW 23 ST	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	TS	<input type="checkbox"/> Delete
NAME	KELLY, EDWARD A	
STREET ADDRESS	8807 NW 23 ST	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ST LAURENT, GEORGES C III	
STREET ADDRESS	8807 NW 23 ST	
CITY-ST-ZIP	MIAMI FL 33172	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2190 NW 89 Place
CITY-ST-ZIP	Miami FL 33172
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2190 NW 89 Place
CITY-ST-ZIP	Miami FL 33172
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2190 NW 89 Place
CITY-ST-ZIP	Miami FL 33172
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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
NAME	
STREET ADDRESS	
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

Date

Daytime Phone #

CR2E034 (9/99)