FILED

727-527-6885

Daytime Phone #

2002 Uniform Business Report (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 20, 2002 8:00 am Secretary of State **DOCUMENT #** P93000057266 1. Entity Name 03-20-2002 90020 001 ***150 00 VINPAU CORPORATION Principal Place of Business Mailing Address ~2826 10TH 8T N 5453 HAINES RD. NO ST. PETERSBURG FL 33714 pet**èr**sburg fl 33704 US 2. Principal Place of Business 3. Mailing Address 5453 HATHES Rd. NU. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State St. PETERS GUA Applied For City & State 4. FEI Number 59-3192730 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 337<u>14</u> USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIY, VINCENT I Street Address (P.O. Box Number is Not Acceptable) 50t Av. No. 1634 2826-10TH ST-N #B----33714 ST PETERSBURG FL 93754 Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) TITLE TITLE ☐ Change Addition ☐ Delete NAME SIY, VINCENT I NAME 1634 50 A. Ho STREET ADDRESS 2826-10TH-6T: NO: #8 STREET ADDRESS St. Petensbuy, Fz 33714 CITY-ST-ZIP ST. PETERSBURG FL 33704 CITY-ST-ZIP Delete TITLE Change Addition NAME CHAN, PAUL S NAME STREET ADDRESS STREET ADDRESS 2111 BIRLINGTON AVE. CITY-ST-ZIP ST. PETERSBURG FL 33713 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [7] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition 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