

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000081138

1. Entity Name

VIP BUSINESS ASSOCIATES, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90003 014 \*\*\*150.00

Principal Place of Business

7335 N.W. 56TH STREET  
MIAMI FL 33166  
US

Mailing Address

7335 NW 56TH STREET  
MIAMI FL 33166-4203  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7335 NW 56 Street

3. Mailing Address

7335 NW 56 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami, FL

City & State  
Miami, FL

4. FEI Number 65-0452636

Applied For  
Not Applicable

Zip Country  
33166 USA

Zip Country  
33166 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAMPARATTO, IVAN F  
952 S.W. 136TH PLACE  
MIAMI FL 33184

7. Name and Address of New Registered Agent

Name JUANA M. TEJERA  
Street Address (P.O. Box Number is Not Acceptable)  
12401 W. Okeechobee Rd.  
# 478  
City Hialeah Gardens, FL Zip 33016

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/06/00

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	PTSD	<input type="checkbox"/> Delete
NAME	PAMPARATTO, IVAN F	
STREET ADDRESS	952 S.W. 136TH PLACE	
CITY-ST-ZIP	MIAMI FL 33184	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pamparatto, IVAN F.	
STREET ADDRESS	12401 W. Okeechobee Rd.	
CITY-ST-ZIP		
TITLE	#478	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hialeah Gardens, FL	
STREET ADDRESS		
CITY-ST-ZIP	33016	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tejera, Juana-m.	
STREET ADDRESS	12401 W. Okeechobee Rd.	
CITY-ST-ZIP		
TITLE	#478	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hialeah Gardens, FL	
STREET ADDRESS		
CITY-ST-ZIP	33016	
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/00 (305) 889-0201

Date

Daytime Phone #

CR2E034 (9/99)