FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 07, 2002 8:00 am P93000082757 **DOCUMENT # Secretary of State** 1. Entity Name V & N, INC. 03-07-2002 90226 024 ***150.00 Principal Place of Business Mailing Address 5911 NW 36TH ST 5911 NW 36TH ST MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address P.O. Box 1030 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0454473 Not Applicable \$8.75 Additional 5. Certificate of Status Desired US 33266-130 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRUITT, VICTORIA T Street Address (P.O. Box Number is Not Acceptable) 1030 ORIOLE DR MIAMI SPRINGS FL 33166 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition CR2E034 (9/01) TITLE Delete TITI F Prnit Victoria PRUITT, VICTORIA T NAME NAME 1030 Orlole 5911 S.W. 36TH ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE SPANGLER, NEAL NAME NAME 5911 N.W. 36TH STREET STREET ADDRESS STREET ADDRESS Plover Ave CITY-ST-ZIP MIAMI FL CITY-ST-7IP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 the empowered.