

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90164 004 ***150.00

DOCUMENT # P94000010302

1. Entity Name

VIVIAN SAILS, INC.

Principal Place of Business

2409 E. LAS OLAS BLVD
 FT. LAUDERDALE FL 33301
 US

Mailing Address

P. O. BOX 2485
 FT. LAUDERDALE FL 33303-2485
 US

2. Principal Place of Business

3. Mailing Address

2409 E LAS OLAS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FT LAUDERDALE, FL

4. FEI Number

65-0467017

Applied For

Not Applicable

Zip

Country

Zip
33301 Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOFSHEVER, HAROLD S
4875 N FEDERAL HWY 7TH FLOOR
FT. LAUDERDALE FL 33304

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP	MURPHY, VIVIAN A		
2409 E LAS OLAS BLVD.	2409 E LAS OLAS BLVD.		
FT. LAUDERDALE FL	FT. LAUDERDALE FL		
VPST	MURPHY, RAYMOND L		
2409 E LAS OLAS BLVD.	2409 E LAS OLAS BLVD.		
FT LAUDERDALE FL	FT LAUDERDALE FL		

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2000

954-523-8784

Date

Daytime Phone #

CR2E014 (9/99)