2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000044673

1. Entity Name

COMPLICE VIP CORP.



FILED Jan 24, 2003 8:00 am Secretary of State 01-24-2003 90109 026 ***158.75

			GOO WE THE	1			
ncipal Place of Business Mailing Address 2 COMMODORE PLAZA P O BOX 330090 MIAMI FL 33133 US							
Business	3. Mailing Address			-			1868 1111 1881
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>	CHECK HERE IF MAKING CHANGES			
	City & State		4. F	EE-MOSUEA		Applied For Not Applicable	
Country	Zip Country		try	5. Certificate of Status Desired \$8.75 Additional Fee Required			dditional ed -
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
			Name				
GUGLIOTTA, ANNABELLA 3162 COMMODORE PLAZA			Street Address (P.O. Box Number is Not Acceptable)				
TIL T LALA						,	
			City		F	Zip Co	de
I entity submits this statement for registered agent.	the purpose of changing its	s registere	ed office or registe	ered age	ent, or both, in the State of Florida. 1 ar	n familiar with	, and accept
a, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registere	d Agent signature require	ed when rei	nstating) DATE		
OW!!! FEE IS \$150.00 1, 2003 Fee will be \$550.00 ble to Florida Department of	State				9. Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees
OFFICERS AND D	DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	RS IN 11
OTTA, EDMUNDO J COMMODORE PLAZA 2E	☐ Delete	TITLE NAM STRE	E Et address			☐ Change	☐ Addition
JGLIOTTA, MARZIA P COMMODORE PLAZA 2E FL	☐ Delete	NAM STRE	E ET ADDRESS			Change	Addition
	☐ Delete	NAMI STRE	ET ADORESS			☐ Change	☐ Addition
	☐ Delete	NAMI STRE	ET ADDRESS			☐ Change	Addition
	☐ Delete	NAME STRE	ET ADDRESS			☐ Change	☐ Addition
	☐ Delete	NAME STREE CITY-	ET ADDRESS ST-ZIP			Change	Addition
	Country Name and Address of Current I IABELLA RE PLAZA I entity submits this statement for registered agent. Divided or printed name of registered agent at the country of the country	Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Name and Address of Current Registered Agent IABELLA RE PLAZA Re PLAZA I entity submits this statement for the purpose of changing it registered agent. A typed or printed name of registered agent and title if applicable. A typed or printed name of registered agent and title if applicable. OW!!! FEE IS \$150.00 A, 2003 Fee will be \$550.00 Delete OFFICERS AND DIRECTORS OTTA, EDMUNDO J COMMODORE PLAZA 2E FL Delete Delete Delete Delete	Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Zip Country ARE PLAZA Lentity submits this statement for the purpose of changing its registered agent. Note: Registered agent. Note: Registered agent and title # applicable. Note: Registered agent. Note: Registered agent and title # applicable. Note: Registered agent. Note: Registered agent and title # applicable. Note: Registered agent. Note: Registered agent and title # applicable. Note: Registered agent. Note: Registered agent and title # applicable. Note: Registered agent. Note: Registered agent and title # applicable. Note: Registered agent. Note: Registe	Siness Mailing Address P O BOX 330090 MIAM F1 33233 US Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Name and Address of Current Registered Agent IABELLA RE PLAZA Identity submits this statement for the purpose of changing its registered office or registered agent. Name and Address of Current Registered Agent (NOTE: Registered Agent signature received agent). In prod or printed name of registered agent and life if applicable. City City City In prod or printed name of registered agent and life if applicable. DOW!!! FEE IS \$150.00 It, 2003 Fee will be \$550.00 Did to Florida Department of State OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS ITTLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mailing Address AZA P O BOX 330000 MIAMI FL 33233 US Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Street Address of Current Registered Agent Name ABELLA RE PLAZA City City City City City City City Cit	Mailing Address P O BOX 30080 MANIF. 32233 US Suite, Apt. #, etc. CHECK HERE IF MAKIN City & State 4. FEI Number 65-0498064 Country Zip Country 5. Certificate of Status Desired 10 Name and Address of Current Registered Agent Name Name and Address of New Registered Agent Name Street Address of New Registered Agent Name Name	### Business Mailing Address P O BOX 30000 MAM Ft 3233 US ### Business Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES

I nereby 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 empowereade execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like or provided.

GNATURE:

| Comparison | Compar

SIGNATURE: