

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000074660

1. Entity Name

V.M.I., INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 91001 006 ***150.00

Principal Place of Business

8360 WEST OAKLAND PARK BLVD.
SUITE 101
SUNRISE FL 33351
US

Mailing Address

POST OFFICE BOX 15685
PLANTATION FL 33318
US

2. Principal Place of Business

6289 W. Sunrise Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise

City & State

4. FEI Number

65-0527359

Applied For

Not Applicable

Zip

33313

Country

Broward

Zip

Country

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

SCHMIDT, LUDWIG
9278 NW 18 ST.
PLANTATION FL 33322

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, 2001 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

TITLE P ☐ Delete
NAME SCHMIDT, LUDWIG
STREET ADDRESS 9278 NW 18 ST.
CITY-ST-ZIP PLANTATION FL 33322

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME SCHMIDT, ELFI
STREET ADDRESS 9278 NW 18 ST
CITY-ST-ZIP PLANTATION FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME SCHMIDT, JENS
STREET ADDRESS 3100 PINE ISLAND RD, 102
CITY-ST-ZIP SUNRISE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)