

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000080331

1. Entity Name
VIP SECURITY PARKING INC.

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

05-25-2001 90287 017 ***150.00

Principal Place of Business

235 LINCOLN ROAD
SUITE 202
MIAMI BEACH FL 33139
US

Mailing Address

6441 SW 21ST ST
WEST MIAMI FL 33155
US

2. Principal Place of Business

1675 JAMES AVENUE
Suite, Apt. #, etc.

3. Mailing Address

770 Ponce de Leon Blvd.
Suite 210
City & State
CORAL GABLES FL

City & State
MIAMI BEACH, FL

City & State
CORAL GABLES FL

Zip
33139

Country

Zip
33134

Country
USA

4. FEI Number ~~65-0648371~~
65-0548371

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TSIMOGIANNIS, JOHNNY
6441 SW 21ST ST
SUITE 201
WEST MIAMI FL 33155

7. Name and Address of New Registered Agent

Name JOHNNY TSIMOGIANNIS
Street Address (P.O. Box Number is Not Acceptable)
770 Ponce de Leon Blvd
Suite 210
City Coral Gables FL Zip Code 33134

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

Johnny Tsimogiannis
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

2/27/2001
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW
After MAY 1, 2001
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	PD	<input type="checkbox"/> Delete
NAME	METRAL, RICARDO	
STREET ADDRESS	235 LINCOLN RD STE 202	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	METRAL, BEATRICE	
STREET ADDRESS	235 LINCOLN RD STE 202	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	METRAL, RICARDO JR	
STREET ADDRESS	235 LINCOLN RD STE 202	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	METRAL, RODOLFO	
STREET ADDRESS	235 LINCOLN RD STE 202	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICARDO A. METRAL	
STREET ADDRESS	1675 JAMES AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATRICE M. METRAL	
STREET ADDRESS	235 LINCOLN RD STE 202	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICARDO JR. METRAL	
STREET ADDRESS	235 LINCOLN RD STE 202	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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		
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 indicated on this report or supplemental report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

Ricardo A. Metral
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Ricardo A. Metral 04/13/01 3054442445
Date Daytime Phone #

CR2E034 (10/00)

Document #
194000080331

TSIMOGIANNIS & TESTA, PA
Accountants and Management Consultants

000935

FILING INSTRUCTIONS
FLORIDA 2000 UNIFORM BUSINESS REPORT (UBR)

VIP SECURITY PARTNERS
Client Name

VIT101
Client Number

INSTRUCTIONS:

This report has been prepared from information submitted by you without verification by us. The items below marked with an "X" require your attention:

FORM:



We are enclosing your completed Corporation's Florida UBR which we have prepared at your request.

☐

We are enclosing your uncompleted Corporation's Florida UBR which we have NOT prepared.

SIGNATURE:

The original of the UBR should be signed, title indicated and dated by an authorized officer, partner, or owner.

DUE DATE:

The UBR is due on or before May 1, 2001.

As an officer(s) and/or stockholder(s) of the corporation you bear 100% responsibility for timely filings, filing fees, delinquent filings or reinstatement fees. If the report is seriously delinquent, then the Florida Department of State will administratively dissolve your corporation, and additional fees will apply.

NAME & ADDRESS OF NEW REGISTERED AGENT

We recommend having either your attorney or your CPA listed as your registered agent. If your preprinted form has a name other than your attorney or CPA, then we recommend your completing box 10 with the name of your attorney or CPA. The NEW registered agent's signature is required on box 11 of the UBR.

FEES DUE:

Make your check payable to: **FLORIDA DEPARTMENT OF STATE**



Timely Filing: The annual fees are \$150.

☐

Delinquent Filing: The fees are \$550.

☐

Certificate of Status: (optional) an additional \$8.75

☐

Election Campaign Financing Trust Fund: (optional) an additional \$5.00 may be added to Fees.

MAILING:

Mail the original return to: (an envelope has been provided for your convenience).

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

COPY:

RETAIN THE "TAXPAYER'S COPY" FOR YOUR FILES. IT SHOULD CONFORM TO THE ORIGINAL AS TO SIGNATURE, TITLE, AND DATE. IF SELF-PREPARED, KEEP A COPY FOR YOUR RECORDS.