

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State
 02-21-2000 90023 005 ***150.00

DOCUMENT # P94000084421

1. Entity Name
V.S.C. REALTY, INC.

Principal Place of Business 4907 N. UNIVERSITY DR. LAUDERHILL FL 33351	Mailing Address 4907 N. UNIVERSITY DR. LAUDERHILL FL 33351-5747
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714840



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0535245		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent CIACIVILLI, VITO 4907 N. UNIVERSITY DR. LAUDERHILL FL 33351				7. Name and Address of New Registered Agent			
				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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<input type="checkbox"/> Delete	D CIACIULLI, VITO 4907 N. UNIVERSITY DR. LAUDERHILL FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
<input type="checkbox"/> Delete	D CIACIULLI, SYBIL A 4907 N. UNIVERSITY DR. LAUDERHILL FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	

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: **VITO CIACIULLI** *Vito Ciaciulli* 2-19-00 954-748-6411
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)