

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093956

1. Entity Name

V3 CORPORATION

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90035 050 ***158.75

Principal Place of Business

Mailing Address

7935 YUCCA DR
NEW PORT RICHEY FL 34653
US

PO BOX 330639
MIAMI FL 33233-0639

2. Principal Place of Business

3. Mailing Address

8899 SW 123 CT
Suite, Apt. #, etc.
201

NO CHANGE.

City & State
MIAMI, FL

City & State

4. FEI Number 65-0554895

Applied For
Not Applicable

Zip 33186 Country USA.

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAJK, TANYA
7935 YUCCA DR
NEW PORT RICHEY FL 34653

Name JOSEPH P. GARBIN
Street Address (Post Box Number is Not Acceptable)
8899 SW 123 CT
201
City MIAMI FL Zip 33186

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

TITLE D
NAME VAJK, TANYA
STREET ADDRESS 7935 YUCCA DR
CITY-ST-ZIP NEW PORT RICHEY FL 34653 ☐ Delete

TITLE D. ☒ Change ☐ Addition
NAME VAJK, TANYA
STREET ADDRESS 340 W 85 ST.
CITY-ST-ZIP NY NY 10024. ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED

PRESIDENT 5/1/00 917 6417455

Date

Daytime Phone #

CR2E034 (9/99)