

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P95000022695

FILED

00 APR 24 AM 8:

SECRETARY OF STATE
TALLAHASSEE, FL

Principal Place of Business

Mailing Address

1175 NE 125 St
NM FL 33161
204-B

1175 NE 125 Street
NM FL 33161
#204-B

2. Principal Place of Business

3. Mailing Address

1175 NE 125 Street
Suite, Apt. #, etc.
204-B

1175 NE 125 Street
Suite, Apt. #, etc.
204-B

City & State

City & State

NM FL

North Miami

Zip

Country

Zip

Country

33161

USA

33161

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AL Yoviene

1653 SW 158 Terrace

Pembroke Pines FL 33027

Name

Ariovistus Lundy

Street Address (P.O. Box Number is Not Acceptable)

1175 NE 125th Street 204 B

NM FL 33161

City NM FL 33161

FL

Zip Code 33161

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

Ariovistus P Lundy

4-300

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. President OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME AL Yoviene
STREET ADDRESS
CITY-ST-ZIP 1653 SW 158 Terrace
Pembroke Pn FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME P/D/C
STREET ADDRESS Ariovistus P Lundy
CITY-ST-ZIP 1175 NE 125th Street
NM FL 33161

TITLE
NAME VPI S/T/M
STREET ADDRESS DINA KEMP
CITY-ST-ZIP 1175 NE 125th Street
NM FL 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

Ariovistus P Lundy

4-300

305 891-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)