

2002 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90913 041 \*\*\*150.00

**DOCUMENT #** P95000050046  
1. Entity Name  
**VITA INVESTMENTS, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>9 Island Avenue</b>		3. Mailing Address <b>9 Island Avenue</b>	
Suite, Apt. #, etc. <b># 809</b>		Suite, Apt. #, etc. <b>#809</b>	
City & State <b>Miami Bch, FL</b>		City & State <b>Miami Bch, FL</b>	
Zip <b>33139</b>	Country	Zip <b>33139</b>	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0590212</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent		
	Name <b>JOSE SECADA</b>		
	Street Address (P.O. Box Number is Not Acceptable) <b>9 Island Avenue #809</b>		
	City <b>Miami Beach</b>	FL	33139

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 re-issuing) 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"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Secada, Victoria 9 Island Avenue #809 Miami Beach, FL 33139</b>	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	<b>D Secada, Jose 9 Island Avenue #809 Miami Beach, FL 33139</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Vita Secada Treasury* **4/9/02 (305) 673-8669**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)