

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90052 011 \*\*\*150.00

**DOCUMENT # P95000067016**

Entity Name

VEL, INC.

Principal Place of Business

SOUTH HIGHWAY 17-92  
 PARK FL 32730

Mailing Address

6848 SOUTH HIGHWAY 17-92  
 FERN PARK FL 32730

Principal Place of Business

5401 S. HWY 17-92

Suite, Apt. #, etc.

3. Mailing Address

5401 S HWY 17-92

Suite, Apt. #, etc.

City & State

CASSELBERRY, FL

City & State

CASSELBERRY, FL

4. FEI Number

59-3337880

Applied For

Not Applicable

Zip

32707

Country

SEMINOLE

Zip

32707

Country

SEMINOLE

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LEO, LAWRENCE  
 6841 SOUTH HIGHWAY 17-92  
 FERN PARK FL 32730

7. Name and Address of New Registered Agent

Name

LEO, LAWRENCE

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

5401 S. HWY 17-92

City

CASSELBERRY

FL

Zip Code

32707

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**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PTD LEO, LAWRENCE 6841 SOUTH HIGHWAY 17-92 FERN PARK FL 32730	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SVD CIRELLI, EMILIO 6841 SOUTH HIGHWAY 17-92 FERN PARK FL 32730	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D LOVECE, VINCENT 6841 SOUTH HIGHWAY 17-92 FERN PARK FL 32730	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)