

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087083

1. Entity Name

VP VENTURES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90796 040 ***150.00

Principal Place of Business

1801 S FEDERAL HIGHWAY SUITE 235
DELRAY BEACH FL 33483

Mailing Address

1801 S FEDERAL HIGHWAY SUITE 235
DELRAY BEACH FL 33483-3347

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0640327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RANDAZZA, JOSEPH
1801 S FEDERAL HIGHWAY SUITE 235
DELRAY BEACH FL 33483

Name

Martin Cherry

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

1801 South Federal Highway

Suite 300

City

Delray Beach

FL

Zip Code
33483

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

4/26/00

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 ☒ Delete
NAME ALBERT, ANGEL J
STREET ADDRESS 1895 NE 214TH TERRACE
CITY-ST-ZIP N. MIAMI BEACH FL 33179

TITLE D, P, T ☐ Change ☒ Addition
NAME Richard DeFuccio
STREET ADDRESS 2150 Wehrle Drive
CITY-ST-ZIP Buffalo, NY 14221

TITLE D ☒ Delete
NAME COSTICH, KENNETH J
STREET ADDRESS 4500 N. QUARTZ HILL DRIVE
CITY-ST-ZIP TUCSON AZ 85715

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

TITLE D ☐ Delete
NAME POTENZA, JACK
STREET ADDRESS 25 HARVARD
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE D, V, P, S ☒ Change ☐ Addition
NAME Jack Potenza
STREET ADDRESS 25 Harvard
CITY-ST-ZIP Lake Worth, FL 33460

TITLE D ☒ Delete
NAME RANDAZZA, JOSEPH
STREET ADDRESS 6285 NW 42ND WAY
CITY-ST-ZIP BOCA RATON FL 33496

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00 521-272-5667

CR2E034 (9/99)