

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90192 046 \*\*\*150.00

**DOCUMENT # P96000019772**

**1. Entity Name**  
**FLORIDA VINYL, INC.**



**Principal Place of Business**  
**3840 SW 48 COURT**  
**FORT LAUDERDALE FL 33312**  
**US**

**Mailing Address**  
**P.O. BOX 350434**  
**FORT LAUDERDALE FL 33335**  
**US**

**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** **59-3364932**

Applied For  
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**TESTA, PHILLIP J.**  
**4726-B NORTH LOIS AVNEU**  
**TAMPA FL 33614**

**Name** **NUNEZ, RAFAEL J.**  
**Street Address (P.O. Box Number is Not Acceptable)** **3840 SW 48 COURT**  
**City** **FORT LAUDERDALE** **FL** **Zip Code** **33312**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** **Rafael J. Nunez PTD**

**1-18-2003**

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PTD** ☐ **Delete**  
**NAME** **NUNEZ, RAFAEL J**  
**STREET ADDRESS** **3840 SW 48 COURT**  
**CITY-ST-ZIP** **FORT LAUDERDALE FL 33312**

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, will or other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED** **Rafael J. Nunez**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-18-2003 954 2409102**

CR2E034 (10/02)