1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000020569**1. Corporation Name

VEE GEE CUSTOM INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90027 037 ***150.00



Principal Place of Business Mailing Address												
4032 NE 5 AVE			4032 NE	5 AVE								
FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334					34				DO NOT WE	ITE IN TUIC	CDACE	
								Data Isa	DO NOT WR proporated or Qualifed		SPACE	
								3. Date inc	•			
								4, FEI Num			I I Ann	lied For
_	lace of Business		2a. Mailing Address .				65-066				Applicable	
21	26					000-00	4030		\$8.75 A			
Suite, Apt. #, etc. Suite, Apt. #, etc.								5. Çertifcat	e of Status Desired	, " .	· Fee Rec	
			27 Cib					2 51 1	Complete Financine			
City & State	e	— ·	City & State				1 '	Campaign Financing nd Contribution		\$5.00 t Added to		
Zip Country				Zip Country					poration owes the cui	ront year Into		71000
—		Journary		¬ ¯˙			8.		Property Tax.	Tem year mile		□No
24	25	Address of Cu	29 rrent Registered	Acent	[30]				nd Address of New	Registered /		
	9. Name and	Address of Co	inenr Kafizraiar	Agent	_	81	Name	10, 110,110 0				
IIAR	IA, VINNIE										•	
4032 NE 5 AVE						82 Street Address (P.O. Box Number is Not Acceptable)				table)		-
FT LAUDERDALE FL 33334												-
, ,,,	AODENDALL I	. 00001				83			•			
						84	City		,	EI	85 Zip C	ode
2.	T								Ali atabanan farih	F L	honging its	rogistered
11. Pursuant office or re	to the provisions of egistered agent, of	of Sections 607 or both, in the S	.0502 and 607.15 tate of Florida. Sເ	i08, Florida Sta ich change wa	tutes, the s authoriz	e above zed by	e-named the corpo	corporation submits oration's board of dir	this statement for the ectors. I hereby acce	pt the appoir	itment as reg	istered
agent. I a	m familiar with, ar	nd accept the of	oligations of, Sect	ion 607.0505, I	Florida S	tatutes						
SIGNATURE		·								DATE		
	Signature, typed or print		d agent and title if applic S AND DIRECTO			I3.	t signature r	equired when reinstating)	NS/CHANGES TO O		D DIRECTO	RS IN 12
12.	P	UFFICER	AND DIRECTO	DELETE		.1 TITLE		ADDITION	13/01/21020 10 0	TIOLITO AIT	☐ Change	Addition
-	· .	,				2 NAME					_ ,	_
NAME	ILARIA, VINNY						ADDDCCC					
STREET ADDRESS	600 SW 12 TI						ADDRESS					Ì
CITY-ST-ZIP	BOCA RATON	FL		☐ DELETE		.4 CITY+S	-ZIP				Change	Addition
πιε				□ DECETE								
NAME						.2 NAME						
STREET ADDRESS							ADDRESS					1
CITY-ST-ZIP				· .	_	4 CITY-S	T-ZIP :				Change	Addition
TITLE				☐ DELETE		.1 TITLE						L.J AGGRON
NAME	\				1	.2 NAME			•			
STREET ADDRESS	}				3	3 STREE	ADDRESS					
CITY-ST-ZIP						4. CITY-S	T-ZIP					
TITLE				☐ DELETE	4.	.1 TITLE					Change	☐ Addition ì
NAME					4	. 2 NAME						
STREET ADDRESS					4.	.3 STREE	ADDRESS					ļ
C/TY-ST-Z/P					4.	4 CITY-S	T-ZIP					
TITLE				☐ DELETE		.1 TITLE					☐ Change	☐ Addition
NAME					5.	2 NAME						
STREET ADDRESS					5.	.3 STREE	ADDRESS					
CITY-ST-ZIP					5.	.4 CITY-S	T-ZIP					
TITLE				DELETE	6.	.1 TITLE					☐ Change	☐ Addition
NAME	I					2 NAME						.
INMINE					0.	Z IVWIL		1				I
STREET ADDRESS							radoress					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: