

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066969

1. Entity Name
VINAC CORP.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90145 016 ***150.00

Principal Place of Business
7114 7116 PEMBROKE ROAD
MIRAMAR FL 33023
US

Mailing Address
7114-7116 PEMBROKE RD
MIRAMAR FL 33023
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0693925

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VIOLETTE, THELEMAQUE
3851 SW 128TH AVE
MIRAMAR FL 33027

Name
PAUL J. ROBINSON, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
1590 NE 162 Street
Suite 200
City
North Miami Beach FL Zip Code
33162

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

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
PIERRE, THELEMAQUE
3851 S.W. 128TH AVENUE
MIRAMAR FL 33027 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PIERRE, VIOLETTE
3851 S.W. 128TH AVENUE
MIRAMAR FL 33027 ☐ Delete

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

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

Violette Pierre, VP

Date

Daytime Phone #

CR2E034 (10/00)