

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000078274**

1. Entity Name

**VANDER STAAD INC.****FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90140 001 \*\*\*750.00

Principal Place of Business

**8035 CRESPI BLVD  
MIAMI BEACH FL 33141**

Mailing Address

**8035 CRESPI BLVD  
MIAMI BEACH FL 33141-1516**

2. Principal Place of Business

**19500 Turnberry Way**

3. Mailing Address

**19500 Turnberry Way**

Suite, Apt. #, etc.

**#17D**

Suite, Apt. #, etc.

**#17D**

City &amp; State

**N. Miami Beach, FL**

City &amp; State

**N. Miami Beach, FL**

4. FEI Number

**65-0779599**

Applied For

Not Applicable

Zip

**33180**

Country

**USA**

Zip

**33180**

Country

**USA**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****LEVY, GEORGE  
8035 CRESPI BLVD  
MIAMI BEACH FL 33141****7. Name and Address of New Registered Agent**

Name

**Christopher Vuillermin**

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

**19500 Turnberry Way****Unit #17D**

City

**N. Miami Beach****FL**Zip Code  
**33180**

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

**VUILLERMIN Christopher 04-20-2000**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**TITLE **PD** ☒ Delete  
NAME **LEVY, GEORGE**  
STREET ADDRESS **8035 CRESPI BLVD**  
CITY-ST-ZIP **MIAMI BEACH FL 33141**TITLE **PVTS** ☐ Delete  
NAME **Christopher Vuillermin**  
STREET ADDRESS **19500 Turnberry Way, Unit #17D**  
CITY-ST-ZIP **N. Miami Beach, FL 33180**TITLE **D** ☐ Delete  
NAME **Christopher Vuillermin**  
STREET ADDRESS **19500 Turnberry Way, Unit #17D**  
CITY-ST-ZIP **N. Miami Beach, FL 33180**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 #

**04-20-2000**