

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
 02-14-2000 90164 013 ***150.00

DOCUMENT # P97000087142

1. Entity Name

VITASTORM INCORPORATED

Principal Place of Business

11651 S.W. 21 PLACE
 DAVIE FL 33325

Mailing Address

11651 S.W. 21 PLACE
 DAVIE FL 33325-4845

2. Principal Place of Business

14610 N. BECKLEY SQ.
 Suite, Apt. #, etc.

3. Mailing Address

PO BOX 551011
 Suite, Apt. #, etc.



00020388

DO NOT WRITE IN THIS SPACE

City & State

DAVIE, FL

City & State

FOOT LAUDERDALE FL

4. FEI Number

65-0806852

Applied For

Not Applicable

Zip

Country

33325

USA

Zip

Country

33355

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

POSNER, FREDERICK I
 11651 SW 21 PLACE
 DAVIE FL 33325

7. Name and Address of New Registered Agent

Name **POSNER, FRED**

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

14610 N. BECKLEY SQ.

City **DAVIE**

FL

Zip Code

33325

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, 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 | VT | <input type="checkbox"/> Delete |
| NAME | PEREZ, ILEANA M | |
| STREET ADDRESS | 12510 SW 112 CT | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | PS | <input type="checkbox"/> Delete |
| NAME | POSNER, FREDERICK I | |
| STREET ADDRESS | 11651 SW 21 PL | |
| CITY-ST-ZIP | DAVIE FL 33325 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POSNER, FREDERICK | |
| STREET ADDRESS | 14610 N. BECKLEY SQ. | |
| CITY-ST-ZIP | DAVIE FL 33325 | |

| | | | | | |
|----------------|--|---------------------------------|----------------|--|---|
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 #

FRED POSNER, PRESIDENT

2/8/2000

954-236-9591

CR2E034 (9/99)