

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90017 012 ***158.75

DOCUMENT # P97000093045

1. Entity Name

VAMA HOLDING CORP.

Principal Place of Business

Mailing Address

6261 NW 6TH WAY
SUITE 207
FT LAUDERDALE FL 33309
US6261 NW 6TH WAY
SUITE 207
FT LAUDERDALE FL 33309
US

2. Principal Place of Business

6600 N. ANDREWS AVE

3. Mailing Address

6600 N. ANDREWS AVE

Suite, Apt. #, etc.

160

Suite, Apt. #, etc.

160

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

USA

Zip

33309

Country

USA4. FEI Number **65-0803782**

Applied For

Not Applicable

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

SOUTH FLORIDA REGISTERED AGENTS INC
200 E LAS OLAS BLVD STE 1900
FT LAUDERDALE FL 33301

Name

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

City

FL

Zip Code

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 State10. 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
VSD
VALLEJO, ERIC M
6261 NW 6TH WAY, #207
FT LAUDERDALE FL 33309☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MARTIN, BRENTLEY C
6261 NW 6TH WAY, #207
FT LAUDERDALE FL 33309☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
6600 N. ANDREWS AVE, #160TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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

Date

Daytime Phone #

CR2E034 (10/00)