

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000099470**

1. Entity Name

VL BUILDING CORP.**FILED**
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90040 013 ***150.00

Principal Place of Business

**2419 E COMMERCIAL BLVD
STE 100
FORT LAUDERDALE FL 33308
US**

Mailing Address

**2419 E COMMERCIAL BLVD
STE 100
FORT LAUDERDALE FL 33308
US**

2. Principal Place of Business

3. Mailing Address

871 West Oakland Park Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Lauderdale FL

Zip

Country

Zip

Country

33306

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLODIG, GREGORY J ESQ
GREENSPOON, MARDER, HIRSCHFELD, ET AL.
100 WEST CYPRESS CREEK ROAD SUITE 700
FT. LAUDERDALE FL 33309**

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 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	D	VERRILLO, JAMES	2419 E COMMERCIAL BLVD STE 100 FORT LAUDERDALE FL 33308	<input type="checkbox"/>		Officer	Christine Heyden	2419 E. Commercial Blvd, #100 Fort Lauderdale, FL 33308	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D	LAMBERT, DANIEL	2419 E COMMERCIAL BLVD STE 100 FORT LAUDERDALE FL 33308	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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)