

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099470

1. Entity Name
VL BUILDING CORP.

Principal Place of Business
871 WEST OAKLAND PARK BLVD
FORT LAUDERDALE FL 33306
US
Mailing Address
2419 E COMMERCIAL BLVD
STE 100
FORT LAUDERDALE FL 33308
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 65-0807196
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J ESQ
GREENSPON, 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, 2002 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 D
NAME VERRILLO, JAMES
STREET ADDRESS 2419 E COMMERCIAL BLVD STE 100
CITY-ST-ZIP FORT LAUDERDALE FL 33308

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME LAMBERT, DANIEL
STREET ADDRESS 2419 E COMMERCIAL BLVD STE 100
CITY-ST-ZIP FORT LAUDERDALE FL 33308

Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Q
NAME HEYDEN, CHRISTINE
STREET ADDRESS 2419 E. COMMERCIAL BLVD., #100
CITY-ST-ZIP FORT LAUDERDALE FL 33308

Delete

TITLE Change Addition
NAME Heyden, Christine
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE 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: Christine Heyden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

112102

491-630-9449

Date

Daytime Phone #

CR2E034 (9/01)