

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90008 026 ***150.00

DOCUMENT # P98000000825

1. Entry Name

VIP Luggage, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

244 Biscayne Blvd

Suite, Apt. #, etc.

Lobby

City & State

Miami, FL

Zip

33132

Country

3. Mailing Address

782 NW Le Jeune Rd

Suite, Apt. #, etc.

Suite 434

City & State

Miami, FL

Zip

33126

Country

4. FEI Number

65-0805934

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

Name

Antonio R Lopez, CPA

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

782 NW Le Jeune Rd, Suite 434

City

Miami**FL**

Zip Code

33126

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 of individual (if individual registered agent and also if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	DP				DP		
	Charles S Lemme				Vally Beigel		
	600 NE 36th St, Ph 5				244 Biscayne Blvd.		
	Miami, FL 33137				Miami, FL 33132		

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 #

Vally Beigel

CR2E034 (9/99)