## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Apr 01, 2002 8:00 am Secretary of State

DOCUMENT # Pa8000003159 1. Entity Name VAnance Investments, Inch		04-01-2002 90725 01	0 ***150.00	
DO NOT WRITE IN THIS SI	PACE		•	
2. Principal Place of Business 3010 N. Milytany Trail Same		B005444	B0054442	
Suite, Apt. #, etc. Scute # 300  Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
Boca Raton, FL City & State	<i>)</i>	4. FEI Number LeS - 0834063	Applied For	
Ziplo Couptry Zip	Country	5. Certificate of Status Desired	Not Applicable  3.75 Additional	
33931   WW	ion	Fee Required  7. Name and Address of Current Registered Agent		
DO NOT WRITE IN THIS SPACE  8. The above named entity submits this statement for the purpose of changing its	Street Address (F 3010 N.	Paton FL	= 360 33 43 1	
		, ,		
SIGNATURE Signature, typed or printed name of regressived agent and title if applicable. (NOTE	C: Seglistered Agent algorature required to	A DATE DATE		
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61,25 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
TITLE PYCEO.  NAME STREET ADDRESS CITY-ST-ZIP BOLL RUTEN, FL 32448	TITLE NAME STREET ADDRESS CITY ST-ZIP		rhalacerestado e estadolice e estado de estado e estado e estado e en estado e e en estado e e en estado e e e	
THLE S'& COO  NAME Pichard Campanella  STREET ADDRESS  CHY-ST-ZIP BOCA Paton, FL 33431  THLE D & COB	TITLE RAME STREET ADDRESS CITY: ST-ZIP			
NAME LEONARD J. SOKOLOWS STREET ADDRESS: 2458 Provence Court CITY-ST-ZIP Weston PL 33327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE  NAME  STREET ADDRESS  CITY - ST-ZIP	IN THIS SPAC		
TITLE NAME  STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CJTY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE  NAME  STREET ADORESS  CITY- ST-ZIP			
13. I hereby certify that the information supplied with this filling does not qualify for indicated on this report or supplemental report is true and accurate and that m of the corporation or the receiver or trustee-empowered to execute this report attachment with an address, with all other rise engagement.	the exemption stated in Sec ny signature shall have the se t as required by Chapter 60.	tion 119.07(3)(i). Florida Statutes. I further certify ame legal effect as if made under oath; that I am a 7, Florida Statutes; and that my name appears in	hat the information in officer or director Block 11 or on an	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02

561-981-1000 Daysine Phone #