

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011522

1. Entity Name
VUYSSON RESEARCH, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90005 042 ***150.00

Principal Place of Business
2231 NE 191 STREET
NORTH MIAMI BEACH FL 33180

Mailing Address
2231 NE 191 STREET
NORTH MIAMI BEACH FL 33180

547963



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13195 169th CT North
Suite, Apt. #, etc.

3. Mailing Address
13195 169th CT North
Suite, Apt. #, etc.

City & State
Jupiter FL

City & State
Jupiter FL

4. FEI Number 65-0809980

Applied For
Not Applicable

33478 Country

Zip 33478 Country

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 PVD
NAME DEVUYST, CHRISTOPHER
STREET ADDRESS 2231 NE 191 STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180 ☐ Delete

TITLE
NAME 13195 169th CT North
STREET ADDRESS Jupiter FL 33478 ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE STD
NAME HENDERSON, GREGORY SCOTT
STREET ADDRESS 2231 NE 191 STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180 ☐ Delete

TITLE
NAME 13195 169th CT North
STREET ADDRESS Jupiter FL 33478 ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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)