

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90491 046 ***150.00

DOCUMENT # **P98000022309**

1. Entity Name

VAMAR'S INC

DO NOT WRITE IN THIS SPACE

90099505

2. Principal Place of Business

3. Mailing Address

2195 HARDEY ST

SAME AS BLOCK 21

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.C. FL

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0819521

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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 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) ☐

**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**

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT**
NAME **VARON LINDO**
STREET ADDRESS **2195 HARDEY STREET,**
CITY - ST - ZIP **PORT CHARLOTTE FL 33980**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **V.P. PRES & SECRETARY**
NAME **MARJORIE B. LINDO**
STREET ADDRESS **2195 HARDEY ST.**
CITY - ST - ZIP **P.C. FL 33980**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Marjorie B. Lindo (MARJORIE B. LINDO)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04

Date

(941) 766-1309

Daytime Phone #

CR2E034B (12/01)