

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90129 009 ***150.00

DOCUMENT # P98000025741



1. Entity Name
VELUCCI, INC.

Principal Place of Business
PO BOX 350186
FORT LAUDERDALE FL 33335

Mailing Address
PO BOX 350186
FORT LAUDERDALE FL 33335



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0819736

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VON OEHSSEN, KAREN
908 ORANGE ISLE
FORT LAUDERDALE FL 33315

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!!- FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	VON OEHSSEN, KAREN	
STREET ADDRESS	908 ORANGE ISLE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	D	<input type="checkbox"/> Delete
NAME	VON OEHSSEN, KAREN	
STREET ADDRESS	908 ORANGE ISLE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen Von Oehssen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1-03

Date

934-523-3821

Daytime Phone #

CR2E034 (10/02)