

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90010 006 ***150.00

DOCUMENT # P98000048841

1. Entity Name
VINYLTEx INTERNATIONAL, INC.

Principal Place of Business

**3747 ROYAL PALM AVENUE
 MIAMI BEACH FL 33140**

Mailing Address

**3747 ROYAL PALM AVENUE
 MIAMI BEACH FL 33140**

2. Principal Place of Business

29 N. Federal Hwy

3. Mailing Address

29 N. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hallandale Beach FL

City & State

Hallandale, FL

Zip

33009

Country

1

Zip

33009

Country

4. FEI Number

65-0842813

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

**HARRIS, RICHARD H
 RICHARD H. HARRIS & ASSOCIATES, P.A.
 4901 N.W. 17TH WAY SUITE 406
 FT. LAUDERDALE FL 33483**

Name

Mr. Bob Lowell / Mark Krob

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

Mark Krob Accounting Services

3000 N. University Dr Ste E

City

Coral Springs

FL

Zip Code

33065

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

Marc Rosenblatt

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 **P** ☐ Delete
 NAME **ROSENBLATT, MARC**
 STREET ADDRESS **3747 ROYAL PALM AVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

Marc Rosenblatt

Marc Rosenblatt

2/16/01

Date

954

455-8756

Daytime Phone #

CR2E034 (10/00)