

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074770

1. Entity Name

V. E. ENTERPRISES, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90059 015 ***150.00

Principal Place of Business

Mailing Address

2441 VILLAGE BOULEVARD 301
WEST PALM BEACH FL 33409

2441 VILLAGE BOULEVARD 301
WEST PALM BEACH FL 33409-7366

2. Principal Place of Business

2461 VILLAGE BLVD

3. Mailing Address

2461 VILLAGE BLVD

Suite, Apt. #, etc.

404

Suite, Apt. #, etc.

404

City & State

WEST PALM BEACH, FL

City & State

WEST. PALM BCH, FLORIDA

Zip

33409

Country

U.S.A

Zip

33409

Country

U.S.A

4. FEI Number

59-3341299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VIEL, RUTH
2441 VILLAGE BOULEVARD 301
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name

VEIL RUTH

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

2461 VILLAGE BLVD

404

City

WEST PALM BEACH

FL

Zip Code

33409

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	VEIL, DOUGLAS	
STREET ADDRESS	2461 VILLAGE BLVD 404	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-00

54-640-0094

CR2E034 (9/99)