

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093146

1. Entity Name

VMR ASSOCIATES INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90048 006 ***150.00

Principal Place of Business

Mailing Address

218 VIA D'ESTE, SUITE 1306
DELRAY BEACH FL 33445

218 VIA D'ESTE, SUITE 1306
DELRAY BEACH FL 33445

2. Principal Place of Business

4171 NW 66 Ave

Suite, Apt. #, etc.

3. Mailing Address

4171 NW 66 Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number

65-0877396

Applied For

Not Applicable

Zip

33067

Country

USA

Zip

33067

Country

USA

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

VALLI, FRANK

218 VIA D'ESTE, SUITE 1306
DELRAY BEACH FL 33445

Name

Valli, Frank

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

4171 NW 66th Ave

City

Coral Springs, FL

FL

Zip Code

33067

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

Frank Valli

Frank Valli

2/7/00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	VALLI, FRANK	
STREET ADDRESS	218 VIA D'ESTE, SUITE 1306	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Valli, Frank	
STREET ADDRESS	4171 NW 66 Ave	
CITY-ST-ZIP	Coral Springs, FL 33067	
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		
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 all other like empowered.

SIGNATURE:

Frank Valli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/7/00

Daytime Phone #

954-227-4700

CR2E034 (9/99)