FILED
Jun 03, 2002 8:00 am
Secretary of State
05-14-2002 90350 019 ***150.00

91211

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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003178

1. Entity Name
VIC'S HOME REPAIR, INC.

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2. Principal Place of Business	3. Mailing Address
2108 CYPRESS BEND DR.	
Suite, Apt. #, etc. SUITE # 303	Suite, Apt. #, etc.
City & State POMPANO BEACH, FL	City & State
Zip 33069 / Country USA	Zip / Country

4. FEI Number 65-0989054 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name VICKHI I MUNGROO
Street Address (P.O. Box Number is Not Acceptable) 2108 S. CYPRESS BEND DR. #303
City POMPANO BEACH FL Zip Code 33069

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) ☐

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	TITLE	
NAME	VICKHI MUNGROO	NAME	
STREET ADDRESS	2108 CYPRESS BEND DRIVE #303	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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: [signature] 4/27/02 (954) 253-4206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #