

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009161

1. Entity Name

VIRTUAL OUTLET MALL, INC.

FILED

Apr 18, 2000 8:00 am  
Secretary of State

04-18-2000 90199 012 \*\*\*150.00

Principal Place of Business

Mailing Address

~~88 NE 168TH ST~~  
~~MIAMI BEACH FL 33162~~

~~88 NE 168TH ST~~  
~~MIAMI BEACH FL 33162-3410~~

2. Principal Place of Business

1408 WEST LAKE DRIVE

3. Mailing Address

1408 WEST LAKE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FLA

City & State

FT LAUDERDALE FLA

4. FEI Number

05-0934943

Applied For

Not Applicable

Zip

33316

Country

USA

Zip

33316

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

~~BARFIELD, J.D. SKIP~~  
~~88 NE 168TH ST~~  
~~MIAMI BEACH FL 33162~~

Name

MIKE NUNEZ

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

1408 WEST LAKE DRIVE

City

FT LAUDERDALE

FL

Zip Code

33316

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME ~~BARFIELD, J.D. SKIP~~  
STREET ADDRESS ~~88 NE 168TH ST~~  
CITY-ST-ZIP ~~MIAMI BEACH FL 33162~~

TITLE ☐ Delete  
NAME DIRECTOR  
STREET ADDRESS MIKE NUNEZ  
CITY-ST-ZIP 1408 WEST LAKE DRIVE  
FT LAUDERDALE FLA 33316

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)