

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90188 008 ***150.00

DOCUMENT # P99000017685

1. Entity Name

FLORIDA VITAL INVESTMENTS, INC.

Principal Place of Business

**1607 PONCE DE LEON BLVD.
 SUITE 101
 CORAL GABLES FL 33134**

Mailing Address

**1607 PONCE DE LEON BLVD.
 SUITE 101
 CORAL GABLES FL 33134**

2. Principal Place of Business

**250 GIRALDA AVE
 Suite, Apt. #, etc.
 CORAL GABLES, FL
 City & State**

3. Mailing Address

**250 GIRALDA AVE
 Suite, Apt. #, etc.
 CORAL GABLES, FL
 City & State**

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NUNEZ, ALEJANDRO P.A.
 1607 PONCE DE LEON BLVD.
 SUITE 101
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

**Name NUNEZ, ALEJANDRO P.A.
 Street Address (P.O. Box Number is Not Acceptable)
 250 GIRALDA AVENUE
 City CORAL GABLES FL Zip Code 33134**

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.

ALEJANDRO NUNEZ, ESQ

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-01

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

**TITLE SD
 NAME NUNEZ, ALEJANDRO
 STREET ADDRESS 1607 PONCE DE LEON BLVD. #101
 CITY-ST-ZIP MIAMI FL 33134** ☐ Delete

**TITLE VTD
 NAME SEIJAS, VICTOR
 STREET ADDRESS 1607 PONCE DE LEON BLVD.
 CITY-ST-ZIP CORAL GABLES FL 33134** ☐ Delete

**TITLE PD
 NAME BLANCA, ANTONIO J
 STREET ADDRESS 1607 PONCE DE LEON BLVD.
 CITY-ST-ZIP CORAL GABLES FL 33134** ☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP** ☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP** ☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE SD
 NAME NUNEZ, ALEJANDRO
 STREET ADDRESS 250 GIRALDA AVENUE
 CITY-ST-ZIP CORAL GABLES, FL 33134** ☒ Change ☐ Addition

**TITLE VTD
 NAME SEIJAS, VICTOR
 STREET ADDRESS 250 GIRALDA AVENUE
 CITY-ST-ZIP CORAL GABLES, FL 33134** ☒ Change ☐ Addition

**TITLE PD
 NAME BLANCA, ANTONIO J.
 STREET ADDRESS 250 GIRALDA AVENUE
 CITY-ST-ZIP CORAL GABLES, FL 33134** ☒ Change ☐ Addition

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

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

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

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

**ANTONIO BLANCA
 PRESIDENT**

Date

4/25/2001

Daytime Phone #

305-774-6222

CR2E034 (10/00)

0163996