

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90126 047 ***150.00

DOCUMENT # P99000033937
1. Entity Name
VITA MISSION, INC.

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**
15981 PINES BLVD 15981 PINES BLVD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
PEMBROKE PINES

City & State **City & State**
FL PEMBROKE PINES, FL
Zip **Country** **Zip** **Country**
33027 USA 33027

4. FEI Number **Applied For**
65-0927409 ☐ ☐ **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name STEVE SHNIOR
Street Address (P.O. Box Number is Not Acceptable) 4442 MANOGANY RIDGE DR
City WESTON **FL** **Zip Code** 33331

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] **DATE** 4/17/00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <u>CEO/SECRETARY</u>	<input type="checkbox"/> Delete
NAME <u>STEVE SHNIOR</u>	
STREET ADDRESS <u>4442 MANOGANY RIDGE DR</u>	
CITY-ST-ZIP <u>WESTON, FL 33331</u>	
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 <u>CEO/SECRETARY</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <u>STEVE SHNIOR</u>	
STREET ADDRESS <u>4442 MANOGANY RIDGE DR</u>	
CITY-ST-ZIP <u>WESTON FL 33331</u>	
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: [Signature] **DATE** 4/17/00 **DAYTIME PHONE #** 954-704-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)