

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034613

1. Entity Name

VANTAGE INTERNATIONAL INVESTMENTS, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90001 027 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

7800 W. OAKLAND PARK BLVD.

3. Mailing Address

7800 W. OAKLAND PARK BLVD.

Suite, Apt. #, etc.

BLDG. "G"

Suite, Apt. #, etc.

BLDG. "G"

City & State
SUNRISE, FL

City & State
SUNRISE, FL.

4. FEI Number
65-0920039

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL. 32301

Name
MICHAEL BRAULT CPA

Street Address (P.O. Box Number is Not Acceptable)
7800 W. OAKLAND PARK BLVD. BLDG. "G"

City
SUNRISE

FL

Zip Code
33351

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 Michael Brault CPA
Signature, typed or printed name of registered agent and title if applicable.

MICHAEL BRAULT CPA
(NOTE: Registered Agent signature required when reinstating)

2/29/2000
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 P
STREET ADDRESS JEAN CLAUDE LATTES
CITY-ST-ZIP 7800 W. OAKLAND PARK BLVD. BLDG. "G"
SUNRISE, FL. 33351

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS ROMAIN PIGEON
CITY-ST-ZIP 7800 W. OAKLAND PARK BLVD. BLDG. "G"
SUNRISE, FL. 33351

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 President 1/3/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 305 531 42 77
Daytime Phone #

CR2E034 (9/99)