

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034613

1. Entity Name

VANTAGE INTERNATIONAL INVESTMENTS, INC

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90117 005 ***150.00

Principal Place of Business

7800 W. OAKLAND PARK BLVD
BLDG G
SUNRISE FL 33351

Mailing Address

7800 W. OAKLAND PARK BLVD
BLDG G
SUNRISE FL 33351

00040047



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

BRAULT, MICHAEL CPA
7800 W. OAKLAND PARK BLVD
BLDG 'G'
SUNRISE FL 33351

Name

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

City

FL

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LATTES, JEAN-CLAUDE	
STREET ADDRESS	7800 W. OAKLAND PARK BLVD - UNIT G	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PIGEON, ROMAINE	
STREET ADDRESS	7800 W. OAKLAND PARK BLVD - UNIT G	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]

JEAN CLAUDE LATTES 1/24/2001

954-749-8802

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)