

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P99000042008

1. Entity Name

V.F. SERVICES CORPORATION

FILED
Jul 14, 2000 8:00 am
Secretary of State

05-16-2000 90063 012 ***150.00

Principal Place of Business Mailing Address

838 NW 81TH TERRACE
PLANTATION, FLORIDA 33324

2. Principal Place of Business 3. Mailing Address

838 NW 81TH TERRACE

Suite, Apt. #, etc.

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Suite, Apt. #, etc.

City & State
PLANTATION FL

City & State
M

4. FEI Number
65-0917966

Applied For ...
Not Applicable

Zip
33324

Country
Broward

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

MARIENVE FRANCOIS
838 NW 81TH TERRACE
PLANTATION, FLORIDA 33324

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
MARIE V. FRANCOIS
838 NW 81TH TERRACE
PLANTATION, FL 33324 ☐ Delete

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

TITLE
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☐ 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 registered agent 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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

7-9-00 954-370-8021

CR2E034 (9/99)