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## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Sep 06, 2001 8:00 am Secretary of State DOCUMENT # P99000042583 1. Entity Name ⋛ 09-06-2001 90010 007 \*\*\*150.00 **VOL & EUG CORPORATION** Principal Place of Business Mailing Address 2711 W. SUNRISE BLVD. 2711 W. SUNRISE BLVD. STE 3 STE 3 FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0916069 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUVERCE, VOLVICK Street Address (P.O. Box Number is Not Acceptable) 2711 W. SUNRISE BLVD. STE 3 FORT LAUDERDALE FL 33311 City Zip Code 8. The above named entity submits this st tement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Delete TITLE TITLE ☐ Change ☐ Addition (5/01 DUVERCE, VOLVICK NAME NAME CR2E034 2711 W. SUNRISE BLVD. STE 3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33311 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DUVERCE, EUGERTHA NAME NAME STREET ADDRESS 2711 W. SUNRISE BLVD. STE 3 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33311 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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

## KATTOURA & ASSOCIATES, INC.

ACCOUNTING, BOOKKEEPING & TAX SERVICES

One S. Ocean Blvd. #315 Boca Raton, Fl. 33432 TEL: (561) 362-0491 attachment 80063794

> P.O. Box 728 Boca Raton, Fl. 33429 FAX: (561) 394-5134

National Society of Tax Professional

August 29, 2001

Division of Corporation P.O. Box 6327 Tallahassee, El 32314—

Re: Number: P9900042583 VOL & EUG CORPORATION

Dear Sirs.

The above referenced corporation has never received any notices before at all. We are enclosing a report and a check In the amount of 150 for 2000. Please accept this annual as reinstatement.

Thank you for your cooperation in this matter.

If you have any further questions, please do not hesitate to contac us.

Sincerely yours,

ANDRE K KATOURA