2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900053527 1. Entity Name VIBES ACC, INC.			Jan 14, 2000 Secretary o	Jan 14, 2000 8:00 am Secretary of State 01-14-2000 90030 002 ***150.00	
Principal Place of Business	Mailing Address				
609 MW 81ST STREET MARRAC FL 33321 JAMARAC FL 33321-1339			Λυυ	บบรบ	
2. Principal Place of Business	3. Mailing Address				
1450 SW 10 th ST Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
SUITE#1 SUITE#1				Applied For	
DELRAY BCH, FL	DELRAY BO		4. FEI Number 65-0918826	Not Applie - Lin	
33444 Country USA.	33444	Country USA.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registere	ed Agent	
CHIN, RAMON 9609 NW 81ST STREET TAMARAC FL 33321	_	Street Ac	Idress (P.O. Box Number is Not Acceptable)	Zip Code	
SIGNATURE Signature, typed or printed name of registered ager 9. This corporation is eligible to satisfy its Intangib Tax filling requirement and elects to do so.	te FILE NOW After MAY 1, 20	TE: Registered Agent signature: 1!! FEE IS \$150.0 000 Fee will be \$5	re required when reinstating) DAT 10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
(See criteria on back) 11. OFFIÇERS AN	Make Check Payal	ble to Department	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 11	
TITLE D PRESTDENT / 050 NAME CHIN, RAMON STREET ADDRESS 9609 NW 81ST STREET	☐ Delete	TITLE NAME STREET ADDRESS	PRESIDENT ICEO CHIN, RAHON 9609 NW BIST STREET	Change Addition	
CITY-ST-ZIP TAMARAC FL 33321		CITY-ST-ZIP	TAMARAC, FL 33321		
TITLE D NAME CHIN, ENRICO STREET ADDRESS RR #1 1421 RIDGE ROAD WE	ST, CHANTY BAY	TITLE NAME STREET ADDRESS	VICE PRESIDENT ORTIZ, CHRISTOPHER 3384 NN 6974 AVE	Change Addition	
CITY-ST-ZIP ONTARIO CANADA LOLZLO TITLE VICE PRESIDENT NAME CHRISTOPHER ORTH	Delete Delete	TITLE NAME	MARGATE, FL 33063	Chānge Addition	
STREET ADDRESS CITY-ST-ZIP AVARGATE, FZ. 930	7	STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS	□ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME	☐ Delete	CITY-ST-ZIP TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE	Delete	STREET ADDRESS CITY-ST-ZIP TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	· <u>-</u>		
13. I hereby certify that the information supplied w indicated on this report or supplemental report of the corporation or the receiver or trustee em changed, or on an attachment with an address SIGNATURE:	is true and accurate and that powered to execute this repor	my signature shall hat as required by Cha	ed in Section 119.07(3)(i), Florida Statutes. I further ave the same legal effect as if made under oath; that pter 607, Florida Statutes; and that my name appear	it I am an officer or director	