

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

04-18-2000 90235 048 ***150.00

DOCUMENT # P99000054650

1. Entity Name

VIP ASSOCIATION MANAGEMENT, INC.

Principal Place of Business

Mailing Address

2531 ARAGON BOULEVARD
SUNRISE FL 33322

2531 ARAGON BOULEVARD
SUNRISE FL 33322-3110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0927463

Applied For

Not Applicable

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

SPiegel & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name Tracey S. Schnaitman
Street Address (P.O. Box Number is not acceptable) 2531 Aragon Blvd
City Sunrise FL 33322 FL Zip Code 33322

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

Tracey S. Schnaitman Tracey S. Schnaitman 4/18/00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PTD	SCHNAITMAN, JOHN C	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2531 ARAGON BOULEVARD		
CITY-ST-ZIP	SUNRISE FL 33322		
<input type="checkbox"/> Delete			
SVD	SCHNAITMAN, TRACEY S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2531 ARAGON BOULEVARD		
CITY-ST-ZIP	SUNRISE FL 33322		
<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tracey S. Schnaitman Tracey S. Schnaitman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILE 4/19/00