

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

0160242

DOCUMENT # P99000056131

1. Entity Name

VIN PLUS, INC.

05-11-2001 90056 023 ***150.00

Principal Place of Business

Mailing Address

**C/O WILLIAM RUSSO
 2100 PONCE DE LEON BLVD., PH 1
 CORAL GABLES FL 33134**

**C/O WILLIAM RUSSO
 2100 PONCE DE LEON BLVD., PH 1
 CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

2100 Ponce De Leon Blvd.

2100 Ponce De Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH2

PH2

CORAL GABLES

CORAL GABLES

Zip

Country

Zip

Country

33134

USA

33134

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

☒ 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

**HECKERLING, DALE A
 9350 S. DIXIE HIGHWAY
 SUITE 1550
 MIAMI FL 33156**

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 **D** ☐ Delete
 NAME **HECKERLING, DALE A**
 STREET ADDRESS **9350 S. DIXIE HIGHWAY, SUITE 1550**
 CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2001 305 774-4806

Date

Daytime Phone #

CR2E034 (10/00)