

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060915

1. Entity Name

VAPOR FILMS, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90073 045 ***150.00

Principal Place of Business
350 NORTHWEST 134TH AVENUE
UNIT 203
PEMBROKE PINES FL 33028

Mailing Address
350 NORTHWEST 134TH AVENUE
UNIT 203
PEMBROKE PINES FL 33028-2251

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Zip Country

4. FEI Number
105-09 32560
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
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	PSD WOODWARD, SANDRA J 350 NORTHWEST 134TH AVENUE, UNIT 203 PEMBROKE PINES FL 33028	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	350 NORTHWEST 134TH AVENUE, UNIT 203		NAME		
ST-ZIP	PEMBROKE PINES FL 33028		STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	VTD MEISLOHN, JENNIFER J 350 NORTHWEST 134TH AVENUE, UNIT 203 PEMBROKE PINES FL 33028	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	350 NORTHWEST 134TH AVENUE, UNIT 203		NAME		
ST-ZIP	PEMBROKE PINES FL 33028		STREET ADDRESS		
			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
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STREET ADDRESS			NAME		
ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		

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: Sandra Woodward SANDRA J Woodward 4-1-00 954-447-2801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)