

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 20, 2000 8:00 am
Secretary of State

05-16-2000 90097 003 ***150.00

DOCUMENT # P99000077617

1. Entity Name

VENDORS ASSOCIATION, INC.

Principal Place of Business

4018 DEL RIO WAY
 SUNRISE FL 33351

Mailing Address

4018 DEL RIO WAY
 SUNRISE FL 33351-6312

2. Principal Place of Business

9683 Grapeview Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

9683 Grapeview Blvd.
 Suite, Apt. #, etc.

City & State
 W.P.B. FL

Zip
 33412

City & State
 W.P.B. FL

Zip
 33412

Country
 U.S.

4. FEI Number
 650946733

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

PRIETO, SANDRA
 4018 DEL RIO WAY
 SUNRISE FL 33351

Change
 9683 Grapeview Blvd.
 W.P.B. FL 33412

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 PRIETO, SANDRA
 4018 DEL RIO WAY
 SUNRISE FL 33351
 Change
 9683 Grapeview Blvd.
 W.P.B. FL 33412

☐ Delete

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

TITLE
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 CITY-ST-ZIP
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 CUBAS, ERICK
 4018 DEL RIO WAY
 SUNRISE FL 33351

☒ Delete

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☐ Change ☐ Addition

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:

Sandra Prieto / Sandra Prieto

4/25/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)