


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0062633 AV

DOCUMENT #	P99000086094	
1. Entity Name VITALITY SPECIAL EVENTS, CORP.		

FILED
03 SEP 12 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 19991 SW 87TH AVE. MIAMI FL 33157	Mailing Address 19991 SW 87TH AVE. MIAMI FL 33157
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

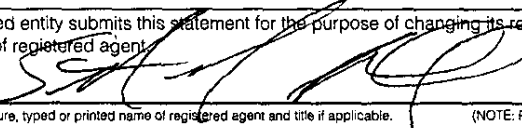
☒ CHECK HERE IF MAKING CHANGES

4. FEI Number		65-0952366	Applied For
			Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HALL, SCOTT M 9800 N.W. 2ND CT. PLANTATION FL 33324

*change is only
on address*

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
19991 SW 87th Ave	
City	Zip Code
Miami	FL 33157

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE
	

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HALL, SCOTT M
STREET ADDRESS	19991 SW 87TH AVE.
CITY-ST-ZIP	MIAMI FL 33157
TITLE	ST
NAME	HALL, JANICE M
STREET ADDRESS	19991 SW 87TH AVE
CITY-ST-ZIP	MIAMI FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/12/03--01084--001 **550.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: 	9/10/03	305-234-7670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (4/03)