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4-18-00

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2000 8:00 am**
Secretary of State

03-13-2000 90008 049 ***150.00

DOCUMENT # P99000095047

1. Entity Name

VANSPLUN OF AMERICA, INC.

Principal Place of Business

Mailing Address

239-A SOUTHEAST 11TH AVENUE
POMPANO BEACH FL 33060239-A SOUTHEAST 11TH AVENUE
POMPANO BEACH FL 33060-7470

2. Principal Place of Business

3. Mailing Address

P.O. Box 267244

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WESTON, FL

4. FEI Number

65-0958358

Applied For

Not Applicable

Zip

Country

Zip

Country

33326**USA**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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MAHON, TIMOTHY K.
2929 EAST COMMERCIAL BLVD.
PENTHOUSE E
FORT LAUDERALE FL 33308

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 use 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 State10. 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	PD HORNA, MARIANELLA 239-A SOUTHEAST 11TH AVENUE POMPANO BEACH FL 33060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV DIAZ, LUIS E 239-A SOUTHEAST 11TH AVENUE POMPANO BEACH FL 33060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

034 (9/99)

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

03/07/00

Date

954-385-7179

Daytime Phone #