

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095056

1. Entity Name
VAT FREE TRADERS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90462 020 ***150.00

Principal Place of Business
13328 SW 108TH ST CIRCLE
MIAMI FL 33186

Mailing Address
13328 SW 108TH ST CIRCLE
MIAMI FL 33186-3424

2. Principal Place of Business
8925 Dickens Avenue
Suite, Apt. #, etc.

3. Mailing Address
8925 Dickens Avenue
Suite, Apt. #, etc.

City & State
Miami Beach

City & State
Miami Beach

4. FEI Number
65-0956986

Applied For
Not Applicable

Zip
33154

Country
USA

Zip
33154

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ABRAMOWITZ, PERLA
13328 SW 108TH ST CIRCLE
MIAMI FL 33186

7. Name and Address of New Registered Agent
Name
Abramowitz Perla
Street Address (P.O. Box Number is Not Acceptable)
8925 Dickens Avenue
City
Miami Beach FL Zip Code
33154

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 Perla Abramowitz DATE 4/4/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMOWITZ, PERLA		NAME	Abramowitz Perla	
STREET ADDRESS	13328 SW 108TH ST CIRCLE		STREET ADDRESS	8925 Dickens Avenue	
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP	Miami Beach FL 33154	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Perla Abramowitz DATE 4/4/00 (305) 868-1728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)