

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000098114

1. Entity Name

V.B.L. CORP.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90025 008 ***150.00

Principal Place of Business

16375 NE 18TH AVENUE
 SUITE 307
 NORTH MIAMI BEACH FL 33162

Mailing Address

16375 NE 18TH AVENUE
 SUITE 307
 NORTH MIAMI BEACH FL 33162-4760

2. Principal Place of Business

16375 NE 18TH AV

3. Mailing Address

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

NORTH MIAMI BEACH FL

City & State

4. FEI Number

850980111

Applied For

Not Applicable

Zip

33162

Country

Zip

Country

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

FLAVELL, ROBERT
 200 SOUTH BISCAYNE BLVD.
 SUITE 4600
 MIAMI FL 33131-2310

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 PD
 NAME DE PALMA, MIGUEL
 STREET ADDRESS 16375 NE 18TH AVENUE
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Delete

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

TITLE VPD
 NAME PILATTI, LUIS
 STREET ADDRESS 16375 NE 18TH AVENUE
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Delete

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

TITLE SD
 NAME SOLTANIK, ENRIQUE
 STREET ADDRESS 16375 NE 18TH AVENUE
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ 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

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000

Date

305 9245653

Daytime Phone #

CR2E034 (9/99)