

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103710

1. Entity Name
V.N.D. Enterprise, Inc.



FILED

04 JUN 23 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6795 SW 56 th St. Suite, Apt. #, etc.		3. Mailing Address (same) Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33155	Country	Zip	Country
4. FEI Number 69-0965824		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Luis Chavez

Street Address (P.O. Box Number is Not Acceptable)
6795 SW 56 ST.

City Miami FL Zip Code 33155

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 consolidating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP P Chavez, Luis 6795 SW 56th St. Miami, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600038426596 06/29/04-01062-004 **150.00
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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 on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* (President) JUN 20 / 04

SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

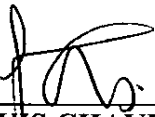
202

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00, for the annual report fee with my application.

We did not receive the U.B.R. for the year 2004 or any other notice from the Division of Corporations in respect with the Corporation **V.N.D. ENTERPRISE, INC**

Thank you for your courtesy in this matter.


LUIS CHAVEZ
PRESIDENT