

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S40163**

Entity Name  
V.A., INC.

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90120 021 \*\*\*150.00

0674043 AT

Principal Place of Business  
**546 S. OCEAN BLVD  
APT 724  
PALM BEACH FL 33480-5719  
US**

Mailing Address  
**105 MAIN STREET  
SUITE 207  
HACKENSACK NJ 07601  
US**

**80029481**



Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0254133** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**VALLAS, PETER R.  
3546 S. OCEAN BLVD APT. 724  
PALM BEACH FL 33480-5719**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

8. 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, 2002 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	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALLAS, PETER		NAME		
STREET ADDRESS	3546 S. OCEAN BLVD APT. 724		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480-5719		CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALLAS, PETER S		NAME		
STREET ADDRESS	12 OAKWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	WOODCLIFF LAKE NJ 07677		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
NAME			NAME		
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 officer, with all other like empowered.

SIGNATURE:

*Peter S. Vallas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter S. Vallas

1/24/02

(201) 487-8901 x11

Date

Daytime Phone #

CR2E034 (9/01)