

FILED
Oct 01, 2002 8:00 am
Secretary of State

09-11-2002 90061 023 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014901

1. Entity Name
VSH-UNITED (USA), L.L.C.

Principal Place of Business
**1550 NE STREET APT:N213
MIAMI FL 33161-6059**

Mailing Address
**19400 BOB-O-LINK DRIVE
HIALEAH FL 33015**

2. Principal Place of Business
2315 NW 107th Ave.
Suite, Apt. #, etc.
Suite B-51/52

3. Mailing Address
19400 Bob-O-Link Dr.
Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Hialeah, Florida

Zip Country
33172 USA

Zip Country
33015 USA

4. FEI Number **65-1137987**

Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILAR, PATRICK ESQ.
999 PONCÉ DE LEON BLVD.
PH 1120
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEALY, PATRICK <input type="checkbox"/> Delete 1550 NE STREET APT:N213 MIAMI FL 33161-6059
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIE SONG, KATHLEEN LIEUW <input type="checkbox"/> Delete 1550 NE STREET APT:N213 MIAMI FL 33161-6059
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Patrick Healy 2315 NW 107th Ave., Suite B-51/52 Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR Jeanine Liong-A-San 2315 NW 107th Ave., Suite B-51/52 Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM Oswald N: de Vries 2315 NW 107th Ave., Suite B-51/52 Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM Hans Lim A Po 2315 NW 107th Ave, Suite B-51/52 Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Addition MGRM Kathleen Lieuw Kie Song 2315 NW 107th Ave, Suite B-51/52 Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Addition MGRM Roy Khodadin 2315 NW 107th Ave, Suite B-51/52 Miami, FL 33172

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED** _____ (305)
Date **6 sept 02** Daytime Phone **500-9062**

CR2E083 (4/02)