

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90629 013 \*\*\*150.00

DOCUMENT # P00000007316

1. Entity Name  
**VANTAGE CORP.**

**C0069188**

Principal Place of Business 2977 McFarlane Road Suite 300 Coconut Grove FL 33133	Mailing Address 2977 McFarlane Road Suite 300 Coconut Grove FL 33133
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2. Principal Place of Business <b>80 SW 8th St.</b>	3. Mailing Address <b>80 SW 8th St</b>
Suite, Apt. #, etc. <b>SUITE 100</b>	Suite, Apt. #, etc. <b>Suite 100</b>
City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
Zip <b>33130</b>	Zip <b>33130</b>
Country <b>USA</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1032516</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**OMAR B CANAL**  
**3333 Hallssee Street**  
**Coconut Grove FL 33133**

7. Name and Address of New Registered Agent  
 Name **OMAR BOTERO CANAL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**80 SW 8th St. Suite 100**  
 City **MIAMI FL** Zip Code **33130**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.

**FILE NOW!! FEE IS \$150.00**  
**After MAY 1, 2001: 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	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  DATE: **5-1-01** DAYTIME PHONE #: **305 377-2001**

CR2E034 (11/00)