

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 355291**

1. Entity Name

**V & G COMPANY****FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90119 040 \*\*\*150.00

Principal Place of Business

Mailing Address

8615 NW 168TH TERR  
MIAMI FL 33016  
US8615 NW 168TH TERR  
MIAMI FL 33016-6164  
US

C O S 1 0 1

2. Principal Place of Business

3. Mailing Address

**2899 WEST 2 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**HALEAK, FL.**

City &amp; State

City &amp; State

4. FEI Number **59-1296076**Applied For  
Not ApplicableZip  
**33010**

Country

**DADE**

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

**NILO VENTURA JR**  
**8615 NW 168TH TERR**  
**MIAMI FL 33016**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**P**☐ Delete**VENTURA, NILO JR**  
**8615 NW 168TH TERR**  
**MIAMI FL 33016**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**VS**☐ Delete**VENTURA, HECTOR**  
**8625 NW 169TH TERR**  
**MIAMI FL 33016**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
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CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
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STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
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)(f), 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:

**NILO VENTURA JR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/24/00** **(305)-884-5858**  
Date Daytime Phone #