

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90288 035 \*\*\*163.75

**DOCUMENT # K26246**

1. Entity Name  
**VASOCOR, INC.**

Principal Place of Business 7705 NW 48 ST 120 MIAMI FL 33166 US	Mailing Address 7705 NW 48 ST 120 MIAMI FL 33166 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0095979**

Applied For  
 Not Applicable

Zip Country

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

**MILLER, EDWARD D**  
**7705 NW 48 ST**  
**120**  
**MIAMI FL 33166**

Name  
**WALTER ROSEBROUGH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7705 NW 48th Street # 120**  
 City  
**MIAMI, FLORIDA** **FL** Zip Code  
**33166**

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 **WALTER ROSEBROUGH**

DATE **1/19/01**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO</b> <b>MILLER, EDWARD D</b> <b>7705 NW 48 ST #120</b> <b>MIAMI FL 33166</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCHM</b> <b>POLLAY, RICHARD L</b> <b>7705 NW 48 ST #120</b> <b>MIAMI FL 33166</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KARLIN, GARY</b> <b>7705 NW 48 ST #120</b> <b>MIAMI FL 33166</b>	<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	<b>D, VCHM, SEC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEOPRESTREAS</b> <b>ROSEBROUGH, WALTER</b> <b>7705 NW 48th Street # 120</b> <b>Miami, Florida 33166</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PAHWA, SUDHIR</b> <b>7705 NW 48th Street # 120</b> <b>Miami, Florida 33166</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALDERMAN, DONNA</b> <b>7705 NW 48th Street # 120</b> <b>Miami, Florida 33166</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, W. Virgil</b> <b>7705 NW 48th Street # 120</b> <b>Miami, Florida 33166</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MATLIN, DAVID</b> <b>7705 NW 48th Street # 120</b> <b>Miami, Florida 33166</b>	<input type="checkbox"/> Change <input checked="" 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)(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 address, with all other like empowered.

SIGNATURE: **EDWARD D. MILLER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/19/01** DAYTIME PHONE # **305-592-7260**

CR2E034 (10/00)