

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000003616

1. Entity Name

VAAP, L.C.

APPROVED
AND
FILED

01 MAY -1 PM 6:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4800 NW 79TH AVENUE
SUITE 306
MIAMI, FL 33166

4800 NW 79TH AVENUE
SUITE 306
MIAMI, FL 33166

2. Principal Place of Business

5201 NW GENEVA WAY

3. Mailing Address

199 SW 12TH AVENUE

Suite, Apt. #, etc.

SUITE 209

Suite, Apt. #, etc.

SUITE 11

City & State

MIAMI

City & State

MIAMI

Zip

33166

Country

USA

Zip

33130-1056

Country

USA

4. FEI Number

65-1043350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MICHAEL FELDENKRAIS, ESQ.
FELDENKRAIS % ASSOCIATES, PA
290 NW 165TH STREET
SUITE PLAZA 100
MIAMI, FL 33169

7. Name and Address of New Registered Agent

Name

JORGE E. OYARCE

Street Address (P.O. Box Number is Not Acceptable)

% JE OYARCE & ASSOCIATES, ACCOUNTING OFFICES

199 SW 12TH AVENUE, SUITE 11

City

MIAMI

FL

Zip Code

33130-1056

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

JORGE E. OYARCE

4/23/01

Signature of registered agent and title if applicable.

(NOT)

Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME VICTOR PICO
STREET ADDRESS 5201 NW GENEVA WAY, #209
CITY-ST-ZIP MIAMI, FL 33166

TITLE MGRM ☐ Delete
NAME MARIA O. PICO
STREET ADDRESS 5201 NW GENEVA WAY, #209
CITY-ST-ZIP MIAMI, FL 33166

TITLE MGRM ☐ Delete
NAME NUBIA I. CHACIN
STREET ADDRESS 5201 NW GENEVA WAY, #209
CITY-ST-ZIP MIAMI, FL 33166

TITLE MGRM ☐ Delete
NAME GLORIA PICO
STREET ADDRESS 5201 NW GENEVA WAY, #209
CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: 

VICTOR PICO, MGRM

4/23/01

305-342-2248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #