

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

0296441 AV

DOCUMENT # L04620

1. Entity Name
V.C.M., INC.

02-10-2002 90042 025 ***150.00

Principal Place of Business % BRENARD V. MAZZEO. C.P.A. 8900 SW 117 AVE #104B MIAMI FL 33186 US	Mailing Address % BRENARD V. MAZZEO. C.P.A. 8900 SW 117 AVE #104B MIAMI FL 33186 US
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403576



2. Principal Place of Business 7850 NW 64 Street	3. Mailing Address 13501 SW 128 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. Unit 103

DO NOT WRITE IN THIS SPACE

City & State Miami, FL	City & State Miami, FL
Zip 33166	Zip 33186
Country USA	Country USA

4. FEI Number 65-0132918	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELLENDEZ, CARLOS
7850 N.W.L 64ST
MIAMI FL 33166

7. Name and Address of New Registered Agent

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 _____ 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, 2002 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	P MELLENDEZ, CARLOS 7850 NW 64 ST MIAMI FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CALDERON, STEVE 6100 MONTGOMERY DR MIAMI FL 33156 <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 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
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)(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: *SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02 **305-592-1223**
Date Daytime Phone #

CR2E034 (9/01)

B.V. MAZZEO & Co.

CERTIFIED PUBLIC ACCOUNTANTS

Tamiami Commercenter
Suite 103
13501 SW 128 Street
Miami, FL 33186

Attachment
Doc # L04620
403576
Tel: (305) 971-5887
Fax: (305) 971-5867

UNIFORM BUSINESS REPORT

CLIENT: V.C. M., Inc.

ENCLOSED IS THE UNIFORM BUSINESS REPORT FOR THE YEAR 2002.

PLEASE SIGN, PRINT YOUR NAME AND WRITE IN THE DATE WHERE INDICATED. (BOTTOM OF THE PAGE)

ENCLOSE CHECK IN THE AMOUNT OF \$ 150.00 PAYABLE TO:

DEPARTMENT OF STATE

BE SURE TO NOTE IN THE LOWER LEFT HAND CORNER OF CHECK:

2002 UBR - EI # 65-0132918

*****DEADLINE IS MAY 1, 2002*****
AFTER MAY 1st, THE FEE IS \$550.00