

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L23807

1. Entity Name

VSN ENGINEERING, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90011 046 \*\*\*150.00

Principal Place of Business

Mailing Address

8550 W FLAGLER ST  
STE 113  
MIAMI FL 33144  
US

8550 W FLAGLER ST  
STE 113  
MIAMI FL 33144-2037  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0162556**

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

SOSA, JORGE L  
4410 ALTON ROAD  
MIAMI BEACH FL 33140

Name **BRUCE ALEXANDER**

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

**9200 S. DABBLAND BLVD. STE 515**  
City **MIAMI** FL Zip Code **33156**

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

**1/17/2000**

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

TITLE **D** ☐ Delete

NAME **SERRATE, LEANDRO M**  
STREET ADDRESS **3621 SW 132 PL**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete

NAME **VARGAS-FOURNIER, ABBEY**  
STREET ADDRESS **1227 AUGARDI AVENUE**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☐ Delete

NAME **VARGAS-FOURNIER, RODOLFO**  
STREET ADDRESS **1227 AUGARDI AVENUE**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☐ Delete

NAME **SERRATE, LEANDRO J**  
STREET ADDRESS **4441 SW 5 TER**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**LEANDRO M SERRATE** **1/5/00**