

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 01, 2002 8:00 am**  
**Secretary of State**

07-01-2002 90311 018 \*\*\*\*50.00

**DOCUMENT #** L98000001012  
1. Entity Name

VSO TRADING LIMITED LIABILITY COMPANY

**DO NOT WRITE IN THIS SPACE**

B0126133

2. Principal Place of Business  
132 Minorca Avenue  
Suite, Apt. #, etc.

3. Mailing Address  
132 Minorca Avenue  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Coral Gables, FL

City & State  
Coral Gables, FL

4. FEI Number  
65-0847958

Applied For  
Not Applicable

Zip  
33134

Country  
USA

Zip  
33134

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
FRANK--PEREZ-STAM

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

City  
CORAL GABLES FL Zip Code  
33134

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)

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
JOSE SMITH  
132 MINORCA AVE  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
FERNANDO ORTIZ  
132 MINORCA AVENUE  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jose E. Smith 6/18/02 (305) 441-1012  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)