6/12/2002-90238-004-$150.00-$150.00
* 10/1/2002-90175-004-$400.00-$400.00

# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

AND FILED

02 OCT 15 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M09603

1. Entity Name

VICMAP, CORP

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2340 SW. 8St | 10630 SW. 7th Terr |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Miami FL | City & State: Miami, FL. |
| Zip: 33135 Country: USA | Zip: 33174 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2475828 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

Pilar Cruz

7. Name and Address of Current Registered Agent

Name: PILAR CRUZ

Street Address (P.O. Box Number is Not Acceptable): 10630 SW. 7 Terr

City: Miami FL FL Zip Code: 33174

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 10-10-02

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Victor Cruz<br>10630 SW. 7 Terr<br>Miami FL. 33174 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V- President<br>Victor I. Cruz<br>10630 SW. 7 Terr<br>Miami FL. 33174 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasure<br>PILAR CRUZ<br>10630 SW. 7 Terr<br>Miami FL. 33174 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | **DO NOT WRITE IN THIS SPACE** |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |

CR2E034B (12/01)

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

**SIGNATURE:** _____ Victor I. Cruz 9/2002 786-488-8236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #