

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90038 010 ***150.00

DOCUMENT # P00000020846

1. Entity Name

VCT, Inc.

Principal Place of Business

Mailing Address

70 Casuarina Concourse 70 Casuarina Concourse
 Coral Gables, FL. 33143 Coral Gables, FL. 33143

2. Principal Place of Business

3. Mailing Address

70 Casuarina Concourse 70 Casuarina Concourse

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Coral Gables, FL.

City & State Coral Gables, FL.

4. FEI Number 65-1034752

Applied For

Not Applicable

Zip

Country

Zip

Country

33143

USA

33143

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

658791

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Mark Bisbing
 200 S. Biscayne Blvd, #2410
 Miami, FL. 33131

Name Cristina Figueroa

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

70 Casuarina Concourse

City Coral Gables

FL

Zip Code 33143

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
 P S D
 Cristina Figueroa
 70 Casuarina Concourse
 Coral Gables, FL. 33143

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

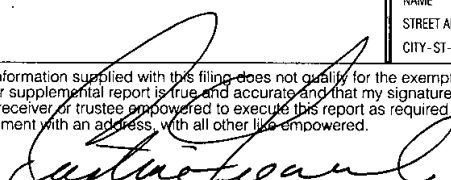
TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Delete

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



4/26/01 305667-571

CR2E034 (9/99)