

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90195 014 ***150.00

00232519 AV

DOCUMENT # P00000020846

1. Entity Name
VCJ, INC.

Principal Place of Business
**70 CASUARINA CONOURSE
 CORAL GABLES FL 33143**

Mailing Address
**70 CASUARINA CONOURSE
 CORAL GABLES FL 33143**



2. Principal Place of Business

500 Arvida Parkway

3. Mailing Address

500 Arvida Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Coral Gables, FL.

City & State
Coral Gables, FL.

4. FEI Number
65-1034752

Applied For
 Not Applicable

Zip
33156

Country
USA

Zip
33156

Country
USA

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

6. Name and Address of Current Registered Agent

**FIGUROLA, CHRISTINA
 70 CASUARINA CONOURSE
 MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name **Cristina Figarola**
 Street Address (P.O. Box Number is Not Acceptable)
500 Arvida Parkway
 City **Coral Gables** **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 **Cristina Figarola** **3/21/02**
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 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 **PSD** ☐ Delete
 NAME **FIGUROLA, CHRISTINA**
 STREET ADDRESS **70 CASUARINA CONOURSE**
 CITY-ST-ZIP **CORAL GABLES FL 33143**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **P.S.D.** ☒ Change ☐ Addition
 NAME **Cristina Figarola**
 STREET ADDRESS **500 Arvida Parkway**
 CITY-ST-ZIP **Coral Gables, FL. 33156**

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

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: **Cristina Figarola** **3/21/02** **305-665 5929**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)