FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90434 021 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000075886

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1. Entity Name
V.P.V. FOREIGN LEGAL CONSULTANT, INC.

Principal Place of Business
7355 SW 162 PLACE
MIAMI, FL 33193

Mailing Address
11500 N.W. 50 TERRACE
MIAMI, FL 33178

2. Principal Place of Business	3. Mailing Address
4237 N.W,107 Ave.	4237 N.W,107 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami,Florida	City & State: Miami,Florida
Zip: 33178 Country: U.S.A	Zip: 33178 Country: U.S.A

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1032597 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
VALAZINO, BEATRIZ V
7355 SW 162 PLACE
MIAMI, FL 33193

7. Name and Address of New Registered Agent
Name: Fidel A. Pablos
Street Address (P.O. Box Number is Not Acceptable): 4237 N.W,107 Ave.
City: Miami FL Zip Code: 33178

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Fidel A. Pablos 04/15/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! (FEE IS $150.00)
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VALARINO, BEATRIZ V 7355 SW 162 PLACE MIAMI, FL 33193	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D Fidel A. Pablos 4237 N.W,107 ave.Miami, Florida 33178.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V YANEZ, MARIA C 7355 SW 162 PLACE MIAMI, FL 33193	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: President. 04/15/2003 305-436-8944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #