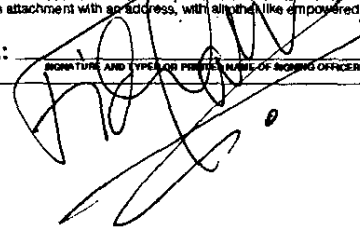


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90434 021 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000075886			
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 4237 N.W. 107 Ave.		3. Mailing Address 4237 N.W. 107 Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33178		Zip 33178	
Country U.S.A		Country U.S.A	
4. FEI Number 65-1032587		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 (if 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 DATE 04/15/2003 Signature, typed or printed name of registered agent and date if applicable. (Print Name, typed or printed name of registered agent and date if applicable.)			
FILE NOW! FEE IS \$450.00 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 the like empowered.			
SIGNATURE: 		President. 04/15/2003 305-436-8944	
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR		Date	

80088680



☐ CHECK HERE IF MAKING CHANGES

CRRE034 (10/02)