

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90435 010 \*\*\*150.00

DOCUMENT # P00000086783

1. Entity Name  
VITAMUNDO, INC.

Principal Place of Business  
16331 S.W. 103RD RD.  
STREET FL 33196

Mailing Address  
16331 S.W. 103RD RD.  
STREET FL 33196



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1490 W 49th Pl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

445

City & State

City & State

Hialeah Fla

4. FEL Number

65-1039167

Applied For

Not Applicable

Zip

Country

Zip

33012

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PADILLA GERMAN  
16331 S.W. 103RD RD.  
STREET FL 33196

Name German Padilla

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

1490 W 49th Pl - Ste A 445

City

Hialeah

FL

Zip Code

33012

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

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, 2001 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 PD  
NAME PADILLA, GERMAN  
STREET ADDRESS 16331 S.W. 103RD RD.  
CITY-ST-ZIP STREET FL 33196 ☐ Delete

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

TITLE SD  
NAME RODRIGUEZ, MAITE  
STREET ADDRESS 17240 N.W. 64TH AVENUE  
CITY-ST-ZIP MIAMI FL 33015 ☐ Delete

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

TITLE VD  
NAME AVALOS, JOSE  
STREET ADDRESS 11271 NW 7TH ST APT 6  
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/01 (201) 231-0045

CR2E034 (10/00)