

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91081 048 ***150.00

DOCUMENT # P00000106044

1. Entity Name
V.C. TRADING, CORP.



Principal Place of Business
**11710 NW SOUTH DR #118
MEDLEY FL 33178**

Mailing Address
**11710 NW SOUTH DR #118
MEDLEY FL 33178**

2. Principal Place of Business
525 N.E. 141 ST
Suite, Apt. #, etc.

3. Mailing Address
525 NE 141 ST
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **65-1054804**

Applied For

Not Applicable

Zip
33161

Country
DADE

Zip
33161

Country
DADE.

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

6. Name and Address of Current Registered Agent

PINZON, VICENTE
11710 NW SOUTH DR #118
MEDLEY FL 33178

7. Name and Address of New Registered Agent

Name **PINZON, VICENTE**

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

525 NE 141 ST

City **MIAMI**

FL

Zip Code
33161

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

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

TITLE **DP** ☐ Delete
NAME **PINZON, VICENTE**
STREET ADDRESS **11710 NW SOUTH DR #118**
CITY-ST-ZIP **MEDLEY FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **PINZON, VICENTE.**
STREET ADDRESS **525 N.E. 141 ST**
CITY-ST-ZIP **MIAMI, FL 33161**

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

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

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-11-03

Date

3053038296

Daytime Phone #

CR2E034 (10/02)