

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90284 037 ***150.00

DOCUMENT # P01000060522

1. Entity Name

VESLAN INTERNATIONAL, CORP.

Principal Place of Business

**400 KINGS POINT DR APT 708
 MIAMI FL 33160**

Mailing Address

**400 KINGS POINT DR APT 708
 MIAMI FL 33160**

2. Principal Place of Business

15420 SW 112 PLACE

3. Mailing Address

15420 SW 112 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL 33157

City & State

Miami, FL 33157

4. FEI Number

65-1115972

Applied For

Not Applicable

Zip

USA

Zip

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

VELASQUEZ, ROSELIA

**400 KINGS POINT DR APT 708
 MIAMI FL 33160**

7. Name and Address of New Registered Agent

Name
Roselia Velasquez

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

15420 SW 112 PLACE

City
Miami

FL

33157

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

04/26/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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 NAME STREET ADDRESS CITY-ST-ZIP	PTD VELASQUEZ, ROSELIA 400 KINGS POINT DR APT 708 MIAMI FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANCHEROS, LUIS A 400 KINGS POINT DR APT 708 MIAMI FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VELASQUEZ, ROSELIA 400 KINGS POINT DR APT 708 MIAMI FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Velasquez, Roselia 15420 SW 112 PLACE Miami, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lancheros, Luis A. 15420 SW 112 PLACE Miami, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Velasquez, Roselia 15420 SW 112 PLACE Miami, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

04/26/02

CR2E034 (9/01)