

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90998 002 ***150.00

DOCUMENT # P01000062424

1. Entity Name
VEMACO-USA CORP.



Principal Place of Business
**1540 WEST 41 STREET
HIALEAH FL 33012**

Mailing Address
**1540 WEST 41 STREET
HIALEAH FL 33012**

2. Principal Place of Business

1548 W 41 ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

HIALEAH FLORIDA

City & State

Zip

33012

Country

USA

Zip

Country

4. FEI Number

65-1115506

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ECHAGUE, DANIEL E
1540 WEST 41 STREET
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name

ECHAGUE, DANIEL E.

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

1548 W 41 STREET

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

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04.27.03

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 **PD** ☒ Delete
NAME **ECHAGUE B., DANIEL E**
STREET ADDRESS **1540 WEST 41 STREET**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **ECHAGUE B. DANIEL E**
STREET ADDRESS **1548 W 41 STREET**
CITY-ST-ZIP **HIALEAH, FL. 33012**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.27.03

Date

786 439 3420

Daytime Phone #

CR2E034 (10/02)