

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000079022

1. Entity Name

VA Solutions Corp.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 1428 Brickell Avenue

Suite, Apt. #, etc.

22 Suite 206

City & State

23 Miami FL

Zip

24 33131

County

25 Miami-Dade

3. Mailing Address

1428 Brickell Avenue

26 Suite, Apt. #, etc.

Suite 206

27 City & State

Miami, FL

28 Zip

33131

County

Miami-Dade

4. FBI Number

65-1129122

Applied For

Not Applicable

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

Julio Manguart
1428 Brickell Avenue
Main Floor
Miami, FL 33131

81 Julio Manguart

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

83 1428 Brickell Avenue, Suite 206

84 Miami

FL 33131

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida

SIGNATURE

Julio Manguart

11/13/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirements and elects to do so (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 (1)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Armando Melgarejo Ramos
1428 Brickell Avenue
Miami, FL 33131 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Hugo A. Melgarejo
1428 Brickell Avenue
Miami, FL 33131 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Montserrat Campos Davila
1428 Brickell Avenue
Miami, FL 33131 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

13. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under my name appears in Block 11 or Block 12, or on attachment with an address.

SIGNATURE

Armando Melgarejo Ramos, President by J. Manguart as attorney-in-fact

11/13/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

02 NOV 14 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: VA Solutions Corp.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$150 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

Sincerely,

Armando Melgarejo Ramos
President

Date: 11/13/2002