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

05-27-2002 90430 028 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000082520

1. Entity Name
Vincam Import & Export, Inc.

670773

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
7685 NW 80th TERRACE		Same	
Suite, Apt. #, etc. SUITE 1		Suite, Apt. #, etc.	
City & State Miami, FL.		City & State	
Zip 33166	Country U.S.	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1135517 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Robert Zurita

Street Address (P.O. Box Number is Not Acceptable) 13741 SW 84 St. Apt G

City Miami FL Zip Code 33183

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 ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PSTD	TITLE	
NAME	Robert Zurita	NAME	
STREET ADDRESS	13741 SW 84 St. Apt G	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL. 33183	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Robert Zurita 4/30/02 (305)887-8244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #