## 2002 UNIFORM BUSINESS REPORT

(UBR)

Country

FILE NOW!!! FEE IS \$150.00

Name

City

P01000084829 **DOCUMENT #** 

....

Country

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

9. This corporation is eligible to satisfy its Intangible

6. Name and Address of Current Registered Agent

1. Entity Name VILROD CORPORATION

Principal Place of Business

City & State

Ζip

Mailing Address

City & State

Zip

305 HARBOR DRIVE KEY BISCAYNE FL 33149

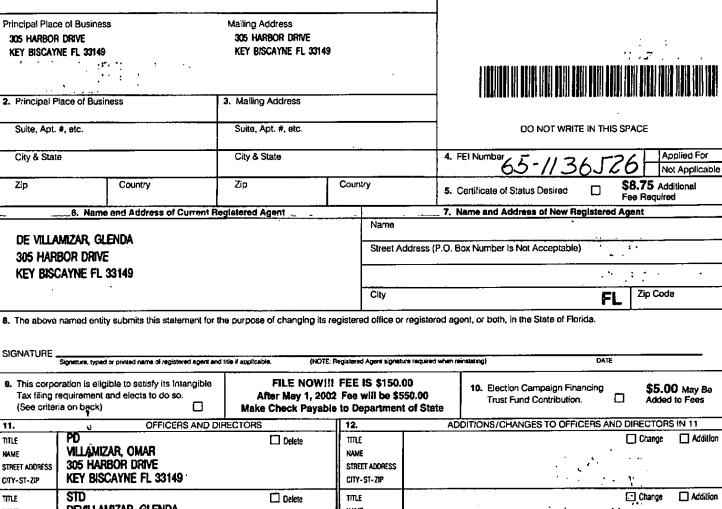
DE VILLAMIZAR, GLENDA

305 HARBOR DRIVE KEY BISCAYNE FL 33149 305 HARBOR DRIVE KEY BISCAYNE FL 33149

	<u> </u>
2. Principal Place of Business	3. Malling Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03-26-2002 90031 029 \*\*\*150.00



	requirement and elects to do so.		Fee will be \$550.00 to Department of State	Trust Fund Contribution.	] Added	to Fees	
11.	ن OFFICERS AND DI	RECTORS	12. A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLAMIZAR, OMAR 305 HARBOR DRIVE KEY BISCAYNE FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEVILLAMIZAR, GLENDA 305 HARBOR DRIVE KEY BISCAYNE FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	tan Lila San Lila San Lila	Change	☐ Addition	
TITLE NAME ~ STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addilion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ 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 of supplierhental 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 of 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

CR2E034 (9/01)