2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State DOCUMENT # P01000110488 1. Entity Name 05-21-2002 91155 004 ***158.75 VIPSEC CORP. Principal Place of Business Mailing Address 8215 NW 64 STREET NO. 7 8215 NW 64 STREET NO. 7 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 1111 Bricket Bay Drive 1111 Brickell Bay Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 209 209 City & State City & State Applied For 4. FEI Number FLorida Miami Miami. Florida 02-0542085 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired × U5A USA 33131 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jose Felipe Mendoza VALBUENA, JANET B Street Address (P.O. Box Number is Not Acceptable) 8100 Geneva Court 10014 HAMMOCKS BOULEVARD A205 Apt. 530. MIAMI FL 33196 Zip Code 33 166 City Miami 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 d title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME MENDOZA, JOSE F NAME STREET ADDRESS STREET ADDRESS 8215 NW 64 STREET NO. 7 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME VALBUENA, JANET B STREET ADDRESS STREET ADDRESS 10014 HAMMOCKS BOULEVARD A205 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33196 TITLE Delete TITÍ F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Detete 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 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

1305-3798500