

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 30, 2002 8:00 am**  
**Secretary of State**

06-30-2002 90229 043 \*\*\*150.00

**DOCUMENT #** P01000115562 ✓

1. Entity Name

VCM INVESTMENTS CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3800 BATTERSEA RD

Suite, Apt. #, etc.

3. Mailing Address  
PO Box 330493

Suite, Apt. #, etc.

City & State  
MIAMI, FL

Zip  
33133

Country  
USA

City & State  
MIAMI, FL

Zip  
33233

Country  
USA

4. FEI Number  
30-0010609

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
CLAUDIA VELASQUEZ

Street Address (P.O. Box Number is Not Acceptable)  
3800 BATTERSEA RD

City MIAMI, FL Zip Code 33133

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

*Claudio P. Velasquez*

PRESIDENT

5-17-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CLAUDIA VELASQUEZ 3800 BATTERSEA RD MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUZ CANAS 3800 BATTERSEA RD MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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:

*Claudia P. Velasquez*

5-17-02

786-2871009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)