FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90744 034 ***163.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000007076

1. Entity Name
VLCF, INC.

90123216

Principal Place of Business	Mailing Address
17160 SW 36TH COURT MIRAMAR, FL 33027	17160 SW 36TH COURT MIRAMAR, FL 33027

2. Principal Place of Business	3. Mailing Address
17160 SW. 36 CT	17160 S.W. 36 CT
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: MIRAMAR, FLA	City & State: MIRAMAR, FL
Zip: 33027 Country: USA	Zip: 33027 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
FERNANDEZ, VICTOR H
17160 SW 36TH COURT
MIRAMAR, FL 33027

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☒ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FERNANDEZ, VICTOR H		NAME		
STREET ADDRESS	17160 SW 36TH COURT		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] VICTOR HUGO FERNANDEZ 4/30/03 954 923-7597 954 430 1188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #