2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 02, 2003 8:00 am
Secretary of State
04-30-2003 90137 046 ***150.00

DOCUMENT # P02000025868

1. Entity Name
V.I. MANAGEMENT, INC.

Principal Place of Business	Mailing Address
7001 W. 35TH AVENUE UNIT 202 HIALEAH FL 33018	7001 W. 35TH AVENUE UNIT 202 HIALEAH FL 33018

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
P.O. BOX 246443	P.O. BOX 246443
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines	City & State: Pembroke Pines
Zip: 33024 Country: FL USA	Zip: 33024 Country: USA

4. FEI Number: 020520480 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOPEZ, VICTOR LUIS 7001 W. 35TH AVENUE UNIT 202 HIALEAH FL 33018	Name: Lopez Victor Luis Street Address (P.O. Box Number is Not Acceptable): ~~P.O.~~ 45 E 53 St City: Hialeah FL Zip Code: 33013

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOPEZ, VICTOR LUIS 7001 W. 35TH AVENUE UNIT 202 HIALEAH FL 33018	☐ Delete	PD Lopez Victor Luis PO. Box 246443 Pembroke Pines FL 33024	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD VINIEGRA, ISMARI 7001 W. 35TH AVENUE UNIT 202 HIALEAH FL 33018	☐ Delete	VPD Viniegra Ismari PO Box 246443 Pembroke Pines FL 33024	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

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