

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90751 001 ***900.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000057616

1. Entry Name

VINCANN CONSTRUCTION GROUP INC.

Principal Place of Business
 6283 CORAL WAY
 MIAMI, FL 33155

Mailing Address
 6283 CORAL WAY
 MIAMI, FL 33155

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

TERRA NOVUS ENTERPRISES
 6283 CORAL WAY
 MIAMI, FL 33155

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 fee if applicable.

(NOTE: Registered Agent signature required when returning)

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

P
 PEREZ, JUAN V
 6283 CORAL WAY
 MIAMI, FL 33155

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

V
 HERRERA, ERNESTO L
 3131 SW 20 ST
 MIAMI, FL 33145

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

ST
 CASTILLO, GERARDO
 13348 SW 152 ST
 MIAMI, FL 33177

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 PEREZ, JORGE F
 7211 W 24 AVE #2363
 HIALEAH, FL 33016

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH034 (10/02)