

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/21

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90139 023 \*\*\*150.00

**DOCUMENT # P02000103133**

1. Entity Name

**VMG INC.**



Principal Place of Business

**4288 BEACH ROAD  
BONITA SPRINGS FL 34134**

Mailing Address

**4288 BEACH ROAD  
BONITA SPRINGS FL 34134**

**55054904**

2. Principal Place of Business

**28100 IMPERIAL STREET**

3. Mailing Address

**28100 IMPERIAL STREET**

Suite, Apt., #, etc.

**SUITE #300**

Suite, Apt., #, etc.

**SUITE #300**

☐ CHECK HERE IF MAKING CHANGES

City & State

**BONITA SPRINGS, FL**

City & State

**BONITA SPRINGS, FL**

4. FEI Number

**37-1448930**

Applied For

☒ Not Applicable

Zip

**34135**

Country

**U.S.A.**

Zip

**34135**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MUNOZ, GERARDO**

**3611 4TH AVE N E**

**NAPLES FL 34120**

7. Name and Address of New Registered Agent

Name **GERARDO MUNOZ**

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

**3611 4TH AVE N E**

City **NAPLES**

**FL**

Zip Code

**34120**

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

*Gerardo Munoz*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS-\$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>MUNOZ, GERARDO</b>	
STREET ADDRESS	<b>3611 4TH AVE N E</b>	
CITY-ST-ZIP	<b>NAPLES FL 34120</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MUNOZ, GERARDO</b>	
STREET ADDRESS	<b>3611 4TH AVE N E</b>	
CITY-ST-ZIP	<b>NAPLES FL 34120</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>GARCIA, RODRIGO</b>	
STREET ADDRESS	<b>1830 WILSON BLVD N</b>	
CITY-ST-ZIP	<b>NAPLES FL 34117</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>VASQUEZ, MARTINE</b>	
STREET ADDRESS	<b>18384 ORIOLE RD</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33912</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>VASQUEZ, MARTINE</b>	
STREET ADDRESS	<b>18384 ORIOLE RD</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33912</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*MARTIN VASQUEZ* **MARTIN VASQUEZ 7-17-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Gerardo Munoz*

CR2E034 (4/03)

Attachment

August 15, 2003

Florida Department of Revenue  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

55054904

RE: VMG, Inc.  
P02000103133

Dear Sir or Madam,

Enclosed is copy of my UBR report. I have made the correction to add the federal ID number. Please consider this letter as a request for relief from the penalty. We didn't receive the original report in a timely manner. I appreciate your consideration.

Sincerely,



Geraldo Munoz  
VMG, Inc.  
28100 Imperial St. #300  
Bonita Springs, FL 34135