

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000062130

1. Entity Name

VIRGEN MARIA, CORP.

Principal Place of Business
**12505 N.W. 23RD AVENUE
 MIAMI FL 33167
 US**

Mailing Address
**12505 N.W. 23RD AVENUE
 MIAMI FL 33167**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
 7

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0528347
 Applied For
 Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, VICENTE
 12505 N.W. 23RD AVENUE
 MIAMI FL 33167**

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.

SIGNATURE

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **PD**
 NAME **HERNANDEZ, VICENTE**
 STREET ADDRESS **12505 N.W. 23RD AVENUE**
 CITY-ST-ZIP **MIAMI FL 33167**

 Delete

TITLE **TD**
 NAME **HERNANDEZ, VICENTE P**
 STREET ADDRESS **12505 N.W. 23RD AVENUE**
 CITY-ST-ZIP **MIAMI FL 33167**

 Delete

TITLE **VSD**
 NAME **HERNANDEZ, DELFIDA**
 STREET ADDRESS **12505 N.W. 23RD AVENUE**
 CITY-ST-ZIP **MIAMI FL**

 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 Change Addition

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

SIGNATURE:

Vicente Hernandez

3-21-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/29/2002
AV

CR2E034 (9/01)