03-04

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-05-2004 90394 026 ***300.00

FILED P94000086297

04 APR 12 AM 7:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

24035125

REINSTATEMENT 03-04

DOCUMENT # 650538649 P94000086297

1. Entity Name V & P MERCHANDISE INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8225 S.W. 99TH ST	8225 S.W. 99TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33156 Country: U.S.A.	Zip: 33156 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0538649 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: GOMEZ YURI

Street Address (P.O. Box Number is Not Acceptable): 8225 S.W. 99TH ST

City: MIAMI FL Zip Code: 33156

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD GOMEZ YURI 8225 S.W. 99TH ST MIAMI FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] YURI GOMEZ PRESIDENT 04-01-04

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