

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90069 014 ***158.75

DOCUMENT # P96000020328

1. Entity Name
VIG, INC.

Principal Place of Business

**6177 MIAMI LAKES DR
 MIAMI LAKES FL 33014
 US**

Mailing Address

**6177 MIAMI LAKES DR
 MIAMI LAKES FL 33014
 US**

2. Principal Place of Business

29 Ponce de Leon Blvd
 Suite, Apt. #, etc.

3. Mailing Address

29 Ponce de Leon Blvd
 Suite, Apt. #, etc.

City & State

CORAL Gables, FL

City & State

CORAL Gables, FL

Zip
33135

Country
DADE

Zip
33135

Country
DADE

4. FEI Number

65-0653073

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VALDIVIESO, JORGE
 6177 MIAMI LAKES DR
 MIAMI LAKES FL 33014**

7. Name and Address of New Registered Agent

Name **VALDIVIESO, JORGE**

Street Address (P.O. Box Number is Not Acceptable)
29 PONCE DE LEON Blvd.

City **CORAL Gables**

FL

Zip Code **33135**

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]
JORGE VALDIVIESO

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/2002

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 **P** ☐ Delete
 NAME **VALDIVIESO, JORGE**
 STREET ADDRESS **6177 MIAMI LAKES DR**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **VP** ☐ Delete
 NAME **VALDIVIESO, GLORIA**
 STREET ADDRESS **6177 MIAMI LAKES DR**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **VALDIVIESO, JORGE**
 STREET ADDRESS **29 PONCE DE LEON BLVD.**
 CITY-ST-ZIP **CORAL Gables, FL 33135**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2002 305 448 1818
 Date Daytime Phone #

CR2E034 (9/01)