

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90199 043 ***150.00

DOCUMENT # P96000020328

1. Entity Name
VIG, INC.



Principal Place of Business
29 POCE DE LEON BLVD
MIAMI FL 33135
US

Mailing Address
29 POCE DE LEON BLVD
MIAMI FL 33135
US



2. Principal Place of Business

3. Mailing Address

29 Ponce de Leon Blvd

29 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **65-0653073**

Applied For
Not Applicable

Zip
33135

Country

Zip
33135

Country

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

VALDIVIESO, JORGE
29 PONCE DE LEON BLVD
MIAMI FL 33135

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **VALDIVIESO, JORGE**
STREET ADDRESS **29 POCE DE LEON BLVD**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE **P** ☒ Change ☐ Addition
NAME **VALDIVIESO, JORGE**
STREET ADDRESS **29 Ponce de Leon Blvd.**
CITY-ST-ZIP **MIAMI, FL 33135**

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

TITLE **VP** ☒ Change ☐ Addition
NAME **VALDIVIESO, GLORIA**
STREET ADDRESS **29 Ponce de Leon Blvd.**
CITY-ST-ZIP **MIAMI, FL 33135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-2003

305 448-1218

Date

Daytime Phone #

CR2E034 (10/02)