## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE;

DOCUMENT # P96000068793  1. Entity Name VIBO CORPORATION					Secretary of State 02-21-2002 90028 017 ***150.00				
	ce of Business	Mailing Address							
2201 NW 102ND PL. #2 2201 NW 102ND PL. #2 MIAMI FL 33172 MIAMI FL 33172									
							1 <b>20110 1</b> 1101 10111 10111		
2. Principal F	Place of Business	3. Mailing Address	····		<b>                                  </b>				
2980 N Suite, Apt	W 108th Ave.	Same Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Star		City & State		4.	FEI Number	65-0688276	<del></del>	oplied For	
Zip 33172-2	Country	Zip	Country	5.	Certificate of	Status Desired	\$9.75 Ad	ditional	
<del></del>	6. Name and Address of Current	Registered Agent		7.	Name and A	dress of New Regist			
OLIDIE: 1	MD 41		Name	SURIEL,	MIDAI				
SURIEL, \			Street	Address (P.O.	Box Number i	s Not Acceptable)			
MIAMI FL	102ND PL. #2			2980 NW	108th A	ve.		I	
MIMMI IL	331/2								
	· //	aconstruir de deserver de la companya de la company	City	MIAMI			FL Zip Cod	e -2141	
SIGNATURE	named entity submits this statement for signature, typed or printed name of registered agent a	the surpose of changing its r	egistered office			02	2/05/02 DATE		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After May 1, 2002	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 \$5.00 May Be Trust Fund Contribution.   Added to Fees			
11.	OFFICERS AND I		12.		DDITIONS/CF	IANGES TO OFFICERS	AND DIRECTORS	S IN 11	
TITLE	D	☐ Delete	TITLE	D			K Change	Addition	
NAME Street Address City-St-Zip	SURIEL, VIDAL 2201 NW 102ND PL. #2 MIAMI FL 33172		NAME STREET ADDRESS CITY-ST-ZIP	2980 N	, VIDAL W 108th FL. 331				
TITLE		☐ Delete	TITLE	111111111111111111111111111111111111111	10, 33,	72 2141	Change	Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS.						
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NAME Street Address			NAME STREET ADDRESS						
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TTLE IAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition	
TREET ADDRESS			STREET ADDRESS					1	
CITY-ST-ZIP			CITY-ST-ZIP						
ITLE		☐ Delete	TITLE			<del></del>	Change	Addition	
IAME			NAME						
TREET ADDRESS			STREET ADDRESS						
	ertify that the information supplied with	his filian does not awalifut 1		tod in Cartie	110.07/0\/0\	Testale Oresiden 127 11		An anno 11 o	
indicated	ertify that the information supplied with to on this report or supplemental expert is constion on the receiver or true expenses.	Tue and accurate and that my	signature shall h	nave the same	legal effect as	if made under oath; the	nat I am an officer	or director	

02/05/02

305-500-9595