

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90085 048 ***150.00

DOCUMENT # P96000092787

1. Entity Name
V AND M, INC.



Principal Place of Business
**7345 NW 79TH TERRACE
MEDLEY FL 33168-2211**

Mailing Address
**P.O. BOX 56-6719
MIAMI FL 33256-6719**

2. Principal Place of Business

7272 NW 78 Terrace

3. Mailing Address

PO Box 56-6719

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI, FL

City & State
MIAMI FL

City & State

Zip
33166

Country

Zip

33256-6719

Country

4. FEI Number
65-0710672

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VAZQUEZ, MANUEL E
8315 SW 125TH TERRACE
MIAMI FL 33176**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **VAZQUEZ, MANUEL E**
STREET ADDRESS **7345 NW 79TH TERRACE**
CITY - ST - ZIP **MEDLEY FL 33168-2211**

TITLE **D** ☒ Delete
NAME **MORENO, RUBEN**
STREET ADDRESS **7345 NW 79TH TERRACE**
CITY - ST - ZIP **MEDLEY FL 33168-2211**

TITLE **D** ☐ Delete
NAME **MOLINS, WANDA**
STREET ADDRESS **7345 NW 79 TERR**
CITY - ST - ZIP **MEDLEY FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **VAZQUEZ, Manuel**
STREET ADDRESS **7270 NW 78 Terrace**
CITY - ST - ZIP **MIAMI, FL 33166**

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

TITLE **D** ☒ Change ☐ Addition
NAME **MOLINS, Wanda**
STREET ADDRESS **7270 NW 78 Terrace**
CITY - ST - ZIP **MIAMI, FL 33166**

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

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

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

2-24-03 306-885-9761

Date

Daytime Phone #

CR2E034 (10/02)