

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000093379

1. Entity Name

VCRR INVESTMENT CORP.

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90092 006 ***150.00

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business

29625 S.W. 162 AVE.

Suite, Apt. #, etc.

3. Mailing Address

29625 SW 162 AVE.

Suite, Apt. #, etc.

City & State

MIAMI-FL

City & State

MIAMI-FL

Zip

33033

Country

USA

Zip

33033

Country

U.S.A.

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RAFAEL A. ROSARIO

Street Address (P.O. Box Number is Not Acceptable)

29625 S.W. 162 AVENUE

City

MIAMI

FL

Zip Code

33033

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable.

RAFAEL A. ROSARIO

(NOTE: Registered Agent signature required when nonresiding)

2-28-02

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
D/P/S
RAFAEL A. ROSARIO
29625 S.W. 162 AVE.
MIAMI-FL 33033

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL A. ROSARIO

2-28-02

DATE

Daytime Phone #