

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000007219**

1. Entity Name

V.L.C. SERVICES, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90102 017 ***150.00

Principal Place of Business

7220 NW 36TH STREET #621
MIAMI FL 33166 **307-B**

Mailing Address

7220 NW 36TH STREET #621 **307-B**
MIAMI FL 33166-6748

2. Principal Place of Business

7220 NW 36 ST

Suite, Apt. #, etc.

Suite # **307-B**

City & State

MIAMI FL

Zip

33166

Country

USA.

3. Mailing Address

7220 NW 36 ST

Suite, Apt. #, etc.

307-B

City & State

MIAMI FL

Zip

33166

Country

USA.



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0807799**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, MARIO L
7400 MIAMI LAKES DRIVE
SUITE #D-207
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name **LOPEZ, MARIO L.**
Street Address (P.O. Box Number is Not Acceptable)
8315 NW 143 ST.
City **MIAMI LAKES** FL Zip Code **33014**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

AGENT

2/2/00

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, 2000 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	<input type="checkbox"/> Delete
NAME	LOPEZ, MARIO L	
STREET ADDRESS	8315 NW 143ST	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VALERA, JUAN C	
STREET ADDRESS	2231 NW 160TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CORNEJO, FREDDY	
STREET ADDRESS	7220 NW 36TH STREET #621	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

STEVEN ROBERT BLOOM PRESIDENT

2/2/00

305-717-0019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)