

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-04-2000 90102 017 ***150.00

DOCUMENT # P98000007219
 1. Entity Name
V.L.C. SERVICES, INC.

Principal Place of Business Mailing Address
 7220 NW 36TH STREET #621
 MIAMI FL 33166 307-B
 MIAMI FL 33166-6748

2. Principal Place of Business 3. Mailing Address
 7220 NW 36 ST 7220 NW 36 ST
 Suite # 307-B Suite, Apt. #, etc. 307-B
 City & State City & State
 MIAMI FL MIAMI FL
 Zip Zip
 33166 33166
 Country Country
 USA 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]* **AGENT** DATE: **2/2/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, MARIO L	NAME	
STREET ADDRESS	8315 NW 143ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33016	CITY-ST-ZIP	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALERA, JUAN C	NAME	
STREET ADDRESS	2231 NW 160TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	CITY-ST-ZIP	
TITLE	SD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNEJO, FREDDY	NAME	
STREET ADDRESS	7220 NW 36TH STREET #621	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **STACIA OLIVE RAO, PRESIDENT** Date: **2/2/00** Daytime Phone #: **305-717-0019**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)