

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000034057**

1. Entity Name

**VIME INVESTMENT CORP.****FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90179 033 \*\*\*150.00

0116123

Principal Place of Business

Mailing Address

~~2647 W 76 ST~~  
~~HALEAH FL 33016~~  
~~US~~PO BOX 297215  
PEMBROKE PINES FL 33029-7215  
US**C0057629**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**PEMBROKE PINES, FL.**

Zip

Country

Zip

Country

**33029**4. FEI Number **65-0909921**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JORGE H. RAMOS, P.A.  
2250 SW 3RD AVE  
FIFTH FLOOR  
MIAMI FL 33129

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 **PD** ☐ Delete  
NAME **ALMODOVAR, MERCEDES C**  
STREET ADDRESS **19301 NW 8TH STREET**  
CITY-ST-ZIP **PEMBROKE PINES FL 33029**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VSD** ☐ Delete  
NAME **SMYRLES, VIRGINIA A**  
STREET ADDRESS **5880 SW 91ST STREET**  
CITY-ST-ZIP **MIAMI FL 33156**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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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: *Mercedes C. Almodovar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/23/01 (954)430-1277  
Date Daytime Phone #

CR2E034 (10/00)