

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90070 004 \*\*\*158.75

CUU34341



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000046247**

1. Entity Name

**VEPLAM TRADING, INC.**

Principal Place of Business

Mailing Address

**19601 EAST COUNTRY CLUB DR.  
SUITE 307  
AVENTURA FL 33180****19601 EAST COUNTRY CLUB DR.  
SUITE 307  
AVENTURA FL 33180 4801**

2. Principal Place of Business

**8201 NW 66 STREET**

3. Mailing Address

**8201 NW 66 STREET**

Suite, Apt. #, etc.

**SUITE 4**

Suite, Apt. #, etc.

**SUITE 4**

City &amp; State

**MIAMI, FL**

City &amp; State

**MIAMI, FL**

Zip

**33166**

Country

**USA**

Zip

**33166**

Country

**USA**

4. FEI Number

**65-0837663**

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

**ALONSO, ARNALDO****19601 EAST COUNTRY CLUB DR.****SUITE 307****AVENTURA FL 33180**

Name

**ALONSO, ARNALDO**

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

**8201 NW 66 STREET****SUITE 4**

City

**MIAMI****FL**

Zip Code

**33166**

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

**ALONSO, ARNALDO****01/07/00**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	ALONSO, MARY S	
STREET ADDRESS	19601 E. COUNTRY CLUB DR #307	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	ALONSO, ARNALDO	
STREET ADDRESS	19601 E. COUNTRY CLUB DR #307	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALONSO, MARY S	
STREET ADDRESS	8201 NW 66 STREET #4	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALONSO, ARNALDO	
STREET ADDRESS	8201 NW 66 STREET #4	
CITY-ST-ZIP	MIAMI, FL 33166	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALONSO, ARNALDO**

Date

**01/07/00 (305) 597-4511**

Daytime Phone #