

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90134 003 \*\*\*150.00

**DOCUMENT # P98000063660**

1. Entity Name  
**V.I. TRANSFER, INC.**



Principal Place of Business

~~771 E. 35TH STREET~~  
~~MIAMI FL 33013~~

Mailing Address

~~771 E. 35TH STREET~~  
~~MIAMI FL 33013~~

2. Principal Place of Business

**11201 SW 55 ST**  
Suite, Apt. #, etc.  
**Box #4**

3. Mailing Address

**11201 SW 55 ST**  
Suite, Apt. #, etc.  
**Box #4**

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number  
**65-0863393**

Applied For  
☐ Not Applicable

Zip  
**33025** Country  
**USA**

Zip  
**33025** Country  
**USA**

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

6. Name and Address of Current Registered Agent

**CUELLAR, VLADIMIR**

~~771 E. 35TH STREET~~  
~~MIAMI FL 33013~~

7. Name and Address of New Registered Agent

Name

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

**11201 SW 55 ST Box #4**

City  
**MIAMI**

FL

Zip Code  
**33025**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when re-statuting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
**D** ☐ Delete  
NAME  
**CUELLAR, VLADIMIR**  
STREET ADDRESS  
~~771 E. 35TH STREET~~  
CITY-ST-ZIP  
~~MIAMI FL 33013~~

TITLE  
**D** ☐ Delete  
NAME  
**MONTERO, MARIA E**  
STREET ADDRESS  
~~771 E. 35TH STREET~~  
CITY-ST-ZIP  
~~MIAMI FL 33013~~

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS  
**11201 SW 55 ST Box #4**  
CITY-ST-ZIP  
**MIAMI FL 33025**

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS  
**11201 SW 55 ST Box 4**  
CITY-ST-ZIP  
**MIAMI FL 33025**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE REQUIRED Vladimir Cuellar**

Date

Daytime Phone

CR2E034 (10/02)