

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90012 045 \*\*\*150.00

**DOCUMENT # P98000070412**

1. Entity Name

**VIMENCARGA, INC.**

Principal Place of Business

**8110 N.W. 80TH STREET  
 MIAMI FL 33166**

Mailing Address

**8110 N.W. 80TH STREET  
 MIAMI FL 33166**

2. Principal Place of Business

**P.O. BOX 667837  
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. BOX 667837  
 Suite, Apt. #, etc.**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33166-9406**

Country

**USA**

Zip

**33166-9406**

Country

**USA**

4. FEI Number

**65-0863879**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GALLARDO, CILDA  
 8110 N.W. 80TH STREET  
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

**LETICIA MACHUCA**

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

**8320 NW 103 STREET APT. 210**

City

**HIALEAH GARDENS**

**FL**

Zip Code

**33016**

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 reissuing)

DATE

**4-17-01**

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

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **CAPELLAN, VICTOR MENDEZ**  
 CITY-ST-ZIP **8110 N.W. 80TH STREET  
 MIAMI FL 33166**

TITLE ☐ Delete  
 NAME **VPD**  
 STREET ADDRESS **MENDEZ SABA, GISELLE**  
 CITY-ST-ZIP **8110 N.W. 80TH STREET  
 MIAMI FL 33166**

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **PACHECO, VICTOR JOSE**  
 CITY-ST-ZIP **8110 N.W. 80TH STREET  
 MIAMI FL 33166**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME **PD**  
 STREET ADDRESS **CAPELLAN, VICTOR MENDEZ**  
 CITY-ST-ZIP **ABRAHAM LINCOLN #308  
 SANTO DOMINGO, DOMINICAN REPUBLIC**

TITLE ☐ Change ☐ Addition  
 NAME **VPD**  
 STREET ADDRESS **MENDEZ SABA, GISELLE**  
 CITY-ST-ZIP **ABRAHAM LINCOLN #308  
 SANTO DOMINGO, DOMINICAN REPUBLIC**

TITLE ☐ Change ☐ Addition  
 NAME **SD**  
 STREET ADDRESS **PACHECO, VICTOR JOSE**  
 CITY-ST-ZIP **ABRAHAM LINCOLN # 308  
 SANTO DOMINGO, DOMINICAN REPUBLIC**

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

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

TITLE ☐ Change ☐ 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

**4/19/01 (809) 532-7388**  
 Date Daytime Phone #

0206732

CR2E034 (10/00)