FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90051 008 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070412

1. Entity Name

VIMENCARGA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. BOX 667837
Suite, Apt. #, etc.
City & State: MIAMI, FL.
Zip: 33166-9406 Country: USA

3. Mailing Address
P.O. BOX 667837
Suite, Apt. #, etc.
City & State: MIAMI, FL.
Zip: 33166-9406 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0863879 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LETICIA MACHUCA
Street Address (P.O. Box Number is Not Acceptable): 8320 N.W. 103 ST. APT. 210
City: HIALEAH GARDEN 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: _____ DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $400.00
Amended UBR is $61.25
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: P/D NAME: CAPELLAN, VICTOR MENDEZ STREET ADDRESS: ABRAHAM LINCOLN #308 CITY-ST-ZIP: SANTO DOMINGO, DOMINICAN REP.	
TITLE: VP/D NAME: MENDEZ SABA, GISELLE STREET ADDRESS: ABRAHAM LINCOLN #308 CITY-ST-ZIP: SANTO DOMINGO, DOMINICAN REP.	
TITLE: S/D NAME: PACHECO, VICTOR JOSE STREET ADDRESS: ABRAHAM LINCOLN #308 CITY-ST-ZIP: SANTO DOMINGO, DOMINICAN REP.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Giselle Mendez GISELLE MENDEZ SABA 04-24-2002

PHONE 809-532-7388