2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State

02-10-2000 90039 001 ***150.00
02-10-2000 90039 002 *****8.75

DOCUMENT # P98000080810

1. Entity Name
VITAL CARE DO BRASIL, INC.

Principal Place of Business
848 BRICKELL AVENUE, SUITE 1040
MIAMI FL 33131
6705 NW 84 AVE
MIAMI - Fl - 33166 - NEW ADRESS

Mailing Address
848 BRICKELL AVENUE, SUITE 1040
MIAMI FL 33131-2976

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 6705 NW 84 AVE
Suite, Apt. #, etc.: —
City & State: MIAMI - FLORIDA
Zip: 33166
Country:

3. Mailing Address: SAME
Suite, Apt. #, etc.:
City & State:
Zip:
Country:

4. FEI Number: 65-0935867 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KORT-KAMP, MANOEL DEJESUS
848 BRICKELL AVENUE, SUITE 1040
MIAMI FL 33131

7. Name and Address of New Registered Agent
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD KORT-KAMP, MANOEL 888 BRICKELL KEY DRIVE, #709 MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MANOEL KORT-KAMP 101 OCEAN LANE DR #2012 KEY BISCAYNE - FL - 33166	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD NATALI, ROBERTO 888 BRICKELL KEY DRIVE, #709 MIAMI FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: ______ 05-30-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #