## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # **P98000089801** May 16, 2000 8:00 am Secretary of State VICKCLE COMPANY 05-16-2000 90072 046 \*\*\*150.00 Principal Place of Business Mailing Address 1801 S.W. 3RD AVENUE 1801 S.W. 3RD AVENUE MIAMI FL 33129-1487 MIAMI FL 33129-1415 3. Mailing Address 2. Principal Place of Business <u>3162 COMMODORE PLAZA</u> 3162 COMMODORE PLAZA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. #3A #3A City & State 4. FEI Number Applied For City & State APPLIED FOR Not Applicable MTAMT MTAMT. TH Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33133 33133 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KLEIN, THEODORE J ESQ. Street Address (P.O. Box Number is Not Acceptable) 88 N.E. 168 STREET NORTH MIAMI BEACH FL 33162 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE MEIRELES, CLETO C NAME NAME STREET ADDRESS 1801 SW 3RD AVE 3162 COMMODORE PLAZA #3A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33129** MIAMI, FL ☐ Addition X Change ☐ Delete TITLE PERDIGAO, MARCIO C NAME NAME STREET ADDRESS 3162 COMMODORE PLAZA #3A STREET ADDRESS 1801 SW 3RD AVE CITY-ST-7IP MIAMI, FL CITY-ST-ZIP **MIAMI FL 33129** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 statements.

305)448-5333