2002 Uniform Business Report (UBR)

Mar 27, 2002 8:00 am Secretary of State P98000098799 DOCUMENT # 1. Entity Name V. P. R. TWO, INC. 03-27-2002 90088 019 ***150.00 Principal Place of Business Mailing Address 2299 S.W. 37TH AVENUE. 4TH FLOOR 2299 S.W. 37TH AVENUE, 4TH FLOOR **MIAMI FL 33145 MIAMI FL 33145** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0911002 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YIP, TONY Street Address (P.O. Box Number is Not Acceptable) 2299 S.W. 37TH AVENUE, 4TH FLOOR MIAMI FL 33145 City 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11: 12 TITLE ☐ Delete TITLE ☐ Change Addition PEREZ RECAO, VINCENTE NAME NAME OFICINA 6-1. LOS PALOS GRANDES STREET ADDRESS STREET ADDRESS CARACAS, VENEZUELA 1060 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE PEREZ RECAO, ODETTE NAME NAME OFICINA 6-1. LOS PALOS GRANDES STREET ADDRESS STREET ADDRESS CARACAS, VENEZUELA 1060 CITY-ST-ZIP CITY-ST-ZIP SD ☐ Change ☐ Addition TITLE Delete TITLE PEREZ RECAO, ISAAC NAME NAME OFICINA 6-1. LOS PALOS GRANDES STREET ADDRESS STREET ADDRESS CARACAS, VENEZUELA 1060 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition TITLE ☐ Delete NAME NAMÉ 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 Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 peport 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

e empowered.

Odette C. Perez SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other life

STREET ADDRESS

CITY-ST-ZIP

FILED