2001 UNIFORM BUSINESS REPORT (UBR)

Sep 17, 2001 8:00 am Secretary of State DOCUMENT # P98000099759 1. Entity Name VAELECA INTERNATIONAL, INC. 06-20-2001 90006 043 ***150.00 09-17-2001 90151 029 ***408.75 Principal Place of Business Mailing Address 13352 NW 7TH ST 13352 NW 7TH ST PLANTATION FL 33325 PLANTATION FL 33325 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0884674 Not Applicable 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 PRATS. GABRIEL Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD STE 240 CORAL GABLES 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) FILE NOW!!! FEE IS \$550.00 --9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2Fn34 (F/01) ☐ Delete TITLE ☐ Change ☐ Addition NAME VILLEGAS, CARLOS NAME STREET ADDRESS 13352 NW 7TH STREET STREET ADDRESS PLANTATION FL 33325 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Delete TITLE ■ Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address

SEMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/13/2001

959 85 8 / 80 Daytime Phone #

FILED



FLORIDA DEPAR OF STATE

Katherine Harris Secretary of State

June 21, 2001

VAELECA INTERNATIONAL, INC. 13352 NW 7TH ST PLANTATION, FL 33325

Subject: VAELECA INTERNATIONAL, INC.

Reference

Ŕ98000099759

Number:

Please be advised, we have received your annual port/uniform business report and your check(s) totaling \$150.00; however, the port has not been filed and a copy is being returned for the following correction (s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00. If DO YOU NEED THIS?

YOU GOTT THANK YOU After the corrections have been made, please return the report to: Division of

Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sg

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallalassee, Florida 32814

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resident r	r was	PLANTATION PE 30023		İ				
4.6.							4	2
2. Principal Place of Business		3, Mailing Address						
Suite Apt etc		Suite, Apt. #, etc.	**		DO NOT WRITE IN THIS SPACE			
City & State		City & State	×	4.	FEI Number 65-0884674	}— 	oplied For]~
Zip Country		Zip	Country			\$8.75 Ad	ot Applicable	-
					Certificate of Status Desired	Fee Require	ed	4
	5. Name and Address of Currer	nt Hegistered Agent	Name	71	Name and Address of New Register	ed Agent		-
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STE	PONCE DE LEON BLVD 240						<u> </u>	1
COR	IAL GABLES FL		City			FL Zip Co	de	-
Vá Macha		for the second second						-
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SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable	FITE: Registered Agent's gnature red	aured when re	hmalating) OA	TE		
9 This pared	pration is eligible to satisfy its intangib		/!!! FEE IS.\$150.00_			· •		1
Tax filing requirement and elects to do so.		After MAY 1,	001 Fee will be \$550.		—10Election Campaign Financing Trust Fund Contribution:		DO:May Bo d to Fees	
11.		Make Check Pay	table to Department of		DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	3\$ IN 11	
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. CITY-ST+ZIP	PLANTATION FL 33325		CITY-ST-ZIP					R2E034 (10/00)
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NAME		· Delele	TITLE NAME			Change	☐ Addition	
STREET ADORESS			STREET ADDRESS				4	
City-ST-ZIP	entify that the information supplied w	th this tiling does not qualify	CITY-ST-2IP	n Section	119.07(3)(i), Florida Statutes, Herther	certify that the	information	1
indicated of the cor	ently that the information supplied w on this report or supplemental report poration or the receiver or trustee em	is true and accurate and the powered to execute this rep	my signature shall have to a street the street in the stre	the same 607, Flori	legal effect as if made under oath; thi ida Statutes; and that my name appea	at I am an office ars in Block 11 o	r or director or Block 12 if	1

SIGNATURE:

CANUS VIIIEGAS . 06-14-2001 954 8581826