

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/11/15

FILED
CLERK OF STATE
DIVISION OF CORPORATION

02 FEB 15 PM 1:31

DOCUMENT # **P99000022276**
1. Entity Name **VIG International, Inc**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **932 SW 16th St.**
Suite, Apt. #, etc.
3. Mailing Address **4812 Pine Tree Dr.**
Suite, Apt. #, etc. **30**

DO NOT WRITE IN THIS SPACE

City & State **Ft. Lauderdale, FL** City & State **Miami Beach, FL** 4. FEI Number **650901379** Applied For
Zip **33315** Country **Broward, USA** Zip **33140** Country **USA** Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Christian Giraldo**
Street Address (P.O. Box Number is Not Acceptable)
4812 Pine Tree Drive #30
City **Miami Beach** FL Zip Code **33140**

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
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 Tax filing requirement and elects to do so. ☐ **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	Oscar Villamizar - President 932 SW 16 St Ft. Lauderdale, FL 33315	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100005025111--4 -02/27/02--01092--013 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christian Giraldo - Vice President 4812 Pine Tree Dr #30 Miami Beach, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100005025111--4 -02/27/02--01092--014 ****150.00 ****150.00
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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:  (786) 6836400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED034B (12/05)

Christian Giraldo
4812 Pine tree Dr. #30
Miami Beach, FL 33140

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January 24, 2002

Division of Corporations
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Renewal payment

~~Dear Sir or Madam:~~

This is in regard to our conversation this week about the renewal payment of my corporation that was sent out last year but never received. This is a written statement as you requested per our conversation. I can only assume it got lost in the mail. Attached are checks for last year's payment and this year's payment of \$150.00. Please make a note that I was **not aware** that my check to renew my corporation was never received until this week. I have moved therefore perhaps if there was something mailed out to me it went to the wrong address.

Thank you for your prompt attention to this matter is appreciated.

Sincerely,

Christian Giraldo
Vice President