

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
 05-01-2000 90422 037 ***150.00

DOCUMENT # P99000035793

1. Entity Name

VAF MULTIBEARINGS, INC.

Principal Place of Business

Mailing Address

~~1535 W. 35 PLACE~~
~~HIALEAH FL 33012~~

~~1535 W. 35 PLACE~~
~~HIALEAH FL 33012 4625~~

2. Principal Place of Business

4650 S.W. 51TH TERRACE
 Suite, Apt. #, etc.

3. Mailing Address

4650 S.W. 51TH TERRACE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAVIG, FL.

City & State

DAVIG, FL.

4. FEI Number

65-0915615

Applied For

Not Applicable

Zip

33314

Country

Zip

33314

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRADERA, GUILLERMO
1535 W. 35 PLACE
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name
FRADERA, GUILLERMO
 Street Address (P.O. Box Number is Not Acceptable)
10431 S.W. 146TH PLACE
 City
MIAMI FL Zip Code
33186

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

3/19/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRADERA, GUILLERMO	
STREET ADDRESS	1535 W. 35 PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VALENCIA, SANDRO	
STREET ADDRESS	1535 W. 35 PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VALENCIA, SERGIO	
STREET ADDRESS	1535 W. 35 PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VALENCIA, LUCIA	
STREET ADDRESS	1535 W. 35 PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10431 S.W. 146TH PLACE	
CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16213 N.W. 18 STREET	
CITY-ST-ZIP	DEMBROKE PINES, FL. 33028	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6940 W. 25TH LANE	
CITY-ST-ZIP	HIALEAH, FL. 33016	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6940 W. 25TH LANE	
CITY-ST-ZIP	HIALEAH, FL. 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/2000 954-792-6444
 Date Daytime Phone #

CR2E034 (9/99)