

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90102 047 ***150.00

DOCUMENT # P99000065708

1. Entity Name

VITCO INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7430 Miami Lakes Drive

3. Mailing Address

7430 Miami Lakes Drive

Suite, Apt. #, etc.

E-106

Suite, Apt. #, etc.

E-106

City & State

Miami Lakes, Florida

City & State

Miami Lakes, Florida

Zip

33014

Country

USA

Zip

33014

Country

USA

4. FEI Number

65-0953087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Carol Viteri

Street Address (P.O. Box Number is Not Acceptable)

7430 Miami Lakes Drive, E106

City

Miami Lakes

FL

Zip Code

33014

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

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

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
Director
Carol Viteri
7430 Miami Lakes Drive
Miami Lakes, Florida 33014

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
Clara Viteri
7440 Miami Lakes Drive, F106
Miami Lakes, Florida 33014

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)