

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

FILED

03 NOV -5 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P99000065708*

1. Entity Name

VITRO INTERNATIONAL, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7200 JACARANDA LANE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

City & State

4. FEI Number

65-0953087

Not Applicable

Zip

33014

Country

Zip

Country

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)

7200 JACARANDA LANE

City

MIAMI LAKES

FL

Zip Code
33014

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<i>DIRECTOR</i>	<i>CAROL VITERI</i>	<i>7200 JACARANDA LANE</i>	<i>MIAMI LAKES, FL 33014</i>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 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 #

10/30/03 (305) 216-9135

CR2E034B (12/02)

VITCO INTERNATIONAL, INC.

7200 Jacaranda Lane
Miami Lakes, Florida 33014

Department of State
Division of Corporations
UBR Section
409 E. Gaines Street
Tallahassee, Florida 32399

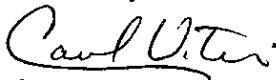
Re: Document Number P99000065708

Dear Sir or Madam:

Enclosed please find a UBR form, which was downloaded from your web site for filing and a check in the amount of \$150.00. I hereby request to have the \$400.00 late fee waived, as I did not receive the prior UBR notice.

I would like to thank you in advance for the prompt response to my request.

Sincerely,



Carol Viteri
Director