2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P99000074495** 1. Entity Name V.M. EQUIPMENT, INC.

Country

FILÊ NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.

TITLE

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

TITLE NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

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 true example where the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or true example where the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or true example where the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or true example of the corporation of the corporation or the receiver of true example of the corporation of the corporation or the receiver of true example of the corporation of the corpora

CITY-ST-ZIP

CITY-ST-ZIP

Name

City

Mailing Address

8470 N.W. 58TH ST

3. Mailing Address

Cityl& State

Suite, Apt. #, etc.

MIAMI FL 33166-3302

Principal Place of Business

2. Principal Place of Business

Country

MAGALHAES, EUSTAQUIO

9. This corporation is eligible to satisfy its Intangible

MAGALHAES, EUSTAQUIO

8470 N.W. 58TH ST

MAGALHAES, VERA

8470 N.W. 58TH ST

MIAMI FL 33166

MIAMI FL 33166

Tax filing requirement and elects to do so.

(See criteria on back)

8470 N.W. 58TH ST **MIAMI FL 33166**

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: <

CITY-ST-ZIP

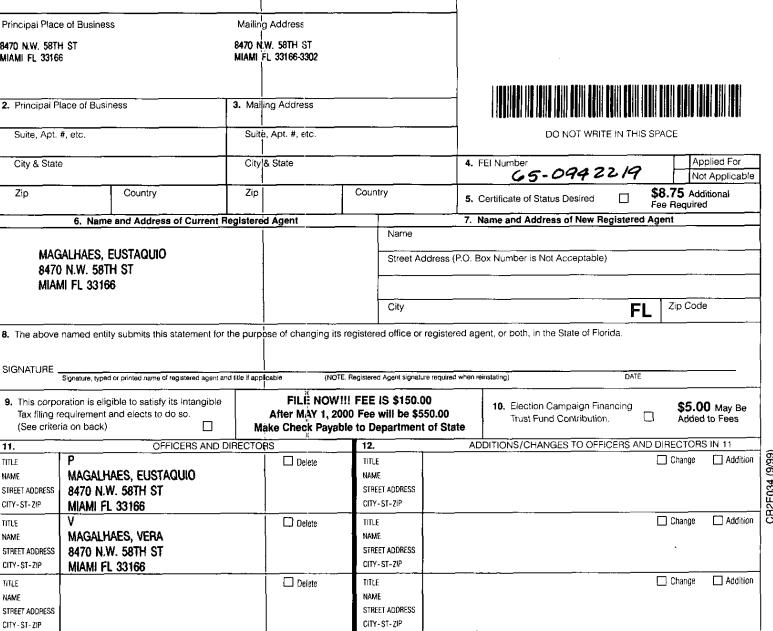
CITY-ST-ZIP

CITY-ST-7IP

8470 N.W. 58TH ST MIAMI FL 33166

Mar 20, 2000 8:00 am Secretary of State

03-20-2000 90110 047 ***150.00



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