

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078746

1. Entity Name

VCV COMMUNICATIONS, INC.

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90011 013 ***558.75

Principal Place of Business

8347 NW 66TH ST #320
MIAMI FL 33166

Mailing Address

8347 NW 66TH ST #320
MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

444 Brickel Ave.

3. Mailing Address

444 Brickel Ave

Suite, Apt. #, etc.

suite 309

Suite, Apt. #, etc.

suite 309

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-095-0546

Applied For

Not Applicable

Zip 33131

Country

USA

Zip 33131

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVENUE, SUITE 900
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

☒

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME CHUMACEIRO, LUIS
STREET ADDRESS 8347 NW 66TH ST #320
CITY-ST-ZIP MIAMI FL 33166

☐ Delete

TITLE D
NAME VILLASMIL, CARLOS
STREET ADDRESS 8347 NW 66TH ST #320
CITY-ST-ZIP MIAMI FL 33166

☐ Delete

TITLE D
NAME VILLASMIL, ALBERTO
STREET ADDRESS 8347 NW 66TH ST #320
CITY-ST-ZIP MIAMI FL 33166

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D
NAME LUIS CHUMACEIRO
STREET ADDRESS 444 BRICKEL AVE suite 309
CITY-ST-ZIP MIAMI, FL 33131

☒ Change ☐ Addition

TITLE D
NAME CARLOS VILLASMIL
STREET ADDRESS 444 BRICKEL AVE suite 309
CITY-ST-ZIP MIAMI, FL 33131

☒ Change ☐ Addition

TITLE V/D
NAME ALBERTO VILLASMIL
STREET ADDRESS 444 BRICKEL AVE suite 309
CITY-ST-ZIP MIAMI, FL 33131

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

LUIS CHUMACEIRO

7/13/2000

305 679 9943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)