

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092160

1. Entity Name

V D C ENTERPRISES, INC.

Principal Place of Business

1663 W 80 STREET
HIALEAH FL 33014

Mailing Address

1663 W 80 STREET
HIALEAH FL 33014-3239

2. Principal Place of Business

6930 NW 84 AVE.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

4. FEI Number

65-0955813

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, RAFAEL R
1550 W 84 STREET STE 77
HIALEAH FL 33014

Name

JOSE M. MUÑOZ

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

6930 NW 84 AVE

City

MIAMI

FL

Zip Code

33166

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]*

(NOTE: Registered Agent signature required when reinstating)

Date

02/22/00

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 \$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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME ANON, OLGA
STREET ADDRESS 1663 W 80 STREET
CITY-ST-ZIP HIALEAH FL 33014

TITLE President ☒ Change ☐ Addition
NAME JOSE M. MUÑOZ
STREET ADDRESS 1663 W 80 ST.
CITY-ST-ZIP HIALEAH, FL 33014

TITLE VD ☐ Delete
NAME MARIN, VALESCA
STREET ADDRESS AVE PRINCIA; MAZANARES OESTE
CITY-ST-ZIP EDIF CASA GRANDE CARACAS VZ

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME GARCIA, MIRIAM M
STREET ADDRESS 7420 W 20 AVE
CITY-ST-ZIP HIALEAH FL 33016

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 fee empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/00

305-500-9040

CR2E034 (9/99)