

# 2001 UNIFORM BUSINESS REPORT (UBR)

0056033 AV

DOCUMENT # P99000107992

1. Entity Name:  
VP LAND SURVEYORS, INC.

FILED

02 FEB -7 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
14660 SW 150TH ST.  
MIAMI FL 33186

Mailing Address  
14660 SW 150TH ST.  
MIAMI FL 33186

2. Principal Place of Business  
14660 SW 150 St.  
Suite, Apt. #, etc.

3. Mailing Address  
Same.  
Suite, Apt. #, etc.

City & State  
Miami FL

City & State

Zip  
33186

Country  
DADE

Zip  
33187

Country  
US

DO NOT WRITE IN THIS SPACE  
09-11-01 90008 032 \$150.00

4. FEI Number  
65-0966211

Applied For  
Not Applicable

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

PARRONDO, VICTOR R  
14660 SW 150TH ST.  
MIAMI FL 33186

Name  
Karl F. Kuhn  
Street Address (P.O. Box Number is Not Acceptable)  
14660 SW 150 St.  
City  
Miami FL Zip Code  
33186

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 Karl F. Kuhn

Karl F. Kuhn

11-6-01

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 12, 2001 Fee 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D PARRONDO, VICTOR R  
14660 SW 150TH ST.  
MIAMI FL 33186 ☐ 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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100005027271--4  
-02/28/02--01067--003  
\*\*\*\*758.75 \*\*\*\*758.75 ☐ 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

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:

SIGNATURE REQUIRED

7-19-01 (305) 480-0224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

VICTOR R. PARRONDO  
Victor R. Parrondo

10-6-01

CR2E034 (5/01)