

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S62608

1. Entity Name

V M F CORPORATION

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90005 010 ***150.00

Principal Place of Business

16850 S.W. 92ND AVENUE
MIAMI FL 33157
US

Mailing Address

16850 S.W. 92ND AVENUE
MIAMI FL 33186-3341
US

2. Principal Place of Business

10944 SW 135TH CT. CR.

3. Mailing Address

10944 SW 135TH CT. CR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0269808

Applied For

Not Applicable

Zip

33186

Country

U.S.A

Zip

33186

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONGE, MARIO A.

16850 S.W. 92ND AVENUE
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

MONGE, MARIO A.

Street Address (R.O.-Box Number is Not Acceptable)

10944 SW 135TH CT. CR.

City

MIAMI, FLORIDA 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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4/6/00

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 \$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

TITLE PD
NAME MONGE, VICTOR M.
STREET ADDRESS 16850 S.W. 92ND AVENUE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VD
NAME MONGE, MARIO A.
STREET ADDRESS 16850 S.W. 92ND AVENUE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D
NAME MONGE, ELSA Z.
STREET ADDRESS 16850 S.W. 92ND AVENUE
CITY-ST-ZIP MIAMI FL ☐ 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 PD ☒ Change ☐ Addition
NAME MONGE, VICTOR M.
STREET ADDRESS 10944 SW 135TH CT. CR.
CITY-ST-ZIP MIAMI, FL. 33186

TITLE VD ☒ Change ☐ Addition
NAME MONGE, MARIO A.
STREET ADDRESS 10944 SW 135TH CT. CR.
CITY-ST-ZIP MIAMI, FLORIDA 33186

TITLE D ☒ Change ☐ Addition
NAME MONGE, ELSA Z.
STREET ADDRESS 10944 SW 135TH CT. CR.
CITY-ST-ZIP MIAMI, FLORIDA 33186

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

TITLE ☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

[Signature] VICTOR M. MONGE, PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-2000 305 4089220

CR2E034 (9/93)