

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V26245

1. Entity Name

VECTOR COMMUNICATION NETWORK CORP.

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90816 028 ***158.75

Principal Place of Business

13392 S.W. 128 ST
MIAMI FL 33186
US

Mailing Address

13392 S.W. 128 ST
MIAMI FL 33186
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0354924

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

ORIHUELA, OSCAR
13392 S.W. 128 ST
MIAMI FL 33186

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 \$150.00
After MAY 1, 2001 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
NAME ORIHUELA, ENRIQUE
STREET ADDRESS 13392 SW 128 ST
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

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

TITLE D
NAME BURIN, SHIRLEY
STREET ADDRESS LUIS F. VILLARAN 815
CITY-ST-ZIP LIMA 27, PERU ☒ Delete

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

TITLE D
NAME ORIHUELA, OSCAR
STREET ADDRESS LUIS F. VILLARAN 815
CITY-ST-ZIP LIMA 27, PERU ☐ Delete

TITLE V/S/D
NAME ORIHUELA, OSCAR ☒ Change ☐ Addition
STREET ADDRESS 13392 S.W. 128 STREET
CITY-ST-ZIP MIAMI, FL 33186

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ENRIQUE ORIHUELA

4/30/01

305-232-6881

Date

Daytime Phone #

CR2E034 (10/00)