

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90148 017 ***150.00

DOCUMENT # *P01000018933*
1. Entity Name
VARGAS & COMPANY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>10355 NW 34 ave.</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>1</i>		Suite, Apt. #, etc.	
City & State <i>Miami, FL</i>		City & State	
Zip <i>33147</i>	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>65-1078013</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name <i>LEONIDES G. VARGAS</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>10355 NW 34 ave</i>	
City <i>M</i>	State FL
	Zip Code <i>33147</i>

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<i>PRESIDENT LEONIDES G. VARGAS 10355 NW 34 ave. M. FL 33147</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VICE PRESIDENT YAZMIN DOMINGUEZ 10355 NW 34 ave. M. FL 33147</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

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

04/20/02 Date
305-986-2202 Daytime Phone #