

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

FILED

02 MAR 22 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000103490  
1. Entity Name  
VEGA MOTORS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
984 NW 79 Street  
Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FLORIDA

City & State

Zip  
33150 Country

Zip Country

4. FEI Number  
05-1152911 Applied or Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
ARIEL ZAYAS

Street Address (P.O. Box Number is Not Acceptable)  
625 75 Street

Suite 3

City  
MIAMI BEACH FL Zip Code  
33141

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] DATE 3/20/02

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered agent signature required when remaining)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	<u>P. D. O. KENNY A. VEGA - delete 5701 Summerlake Dr #106 DAVIS FLA 33814</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P. D. O. ARIEL ZAYAS 625 75 Street #3 MIAMI BEACH FL 33141</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>300005180663--3 -04/01/02--01084--025 ****150.00 ****150.00</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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] DATE 3/20/02 DAYTIME PHONE # 305.694.1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)