

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F23454

1. Entity Name  
VANGUARD INTERNATIONAL SALES, INC.



**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91666 001 \*\*\*150.00  
04-28-2003 91666 002 \*\*\*\*\*8.75

Principal Place of Business  
3690 N.W. 62ND STREET  
MIAMI FL 33147

Mailing Address  
3690 N.W. 62ND STREET  
MIAMI FL 33147



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2071312

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

SUAREZ, DIEGO R.  
3690 NW 62ND STREET  
MIAMI FL 33147

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete  
NAME SUAREZ, DIEGO J, JR  
STREET ADDRESS 3750 NW 49TH ST  
CITY-ST-ZIP MIAMI, FL 00000

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

TITLE V ☐ Delete  
NAME SUAREZ, HECTOR J.  
STREET ADDRESS 3690 NW. 62ND ST.  
CITY-ST-ZIP MIAMI, FL 00000

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

TITLE VTD ☐ Delete  
NAME SUAREZ, DIEGO J, JR  
STREET ADDRESS 3750 NW 49TH ST  
CITY-ST-ZIP MIAMI, FL 00000

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

TITLE AS ☐ Delete  
NAME PAUL, ROBERT  
STREET ADDRESS 200 SE 1ST STREET  
CITY-ST-ZIP MIAMI, FL 00000

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

TITLE PD ☐ Delete  
NAME SUAREZ, DIEGO R  
STREET ADDRESS 3750 NW 49TH ST  
CITY-ST-ZIP MIAMI, FL 00000

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

3056330351

Daytime Phone #

CR2E034 (10/02)