

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

0363560 AV

02-07-2002 90068 047 ***150.00

DOCUMENT # H63830
 1. Entity Name
VARGOFF GROUP, INC.

Principal Place of Business 1405 CHAPPARD COURT P.O. BOX 3332 WELLINGTON FL 33480-1532 US	Mailing Address 1405 CHAPPARD COURT P.O. BOX 3332 WELLINGTON FL 33414-5825 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business PO Box 3332	3. Mailing Address PO Box 3332
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palm Beach, FL.	City & State Palm Beach FL.	4. FEI Number 31-1142706	Applied For <input type="checkbox"/> Not Applicable
Zip 33480	Country U.S.A.	Zip 33480	Country U.S.A.

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

6. Name and Address of Current Registered Agent
**VARGAS, EDWIN A.
 1405 CHAPPARD COURT
 WELLINGTON FL 33414**

7. Name and Address of New Registered Agent
 Name **Edwin Vargas**
 Street Address (P.O. Box Number is Not Acceptable) **1447 Spanish Oak Way**
 City **Wellington** FL Zip Code **33414**

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 **Edwin Vargas** DATE **1-22-02**
Signature, typed or printed name of registered agent and UBR, 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD VARGAS, EDWIN A. 1405 CHAPPARD COURT WELLINGTON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHINSON, CHARLES M. 232 COUNTY ROAD DEMAREST NJ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(j), 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 lines empowered.

SIGNATURE: **[Signature]** DATE: **1/22/02** DAYTIME PHONE #: **561-793-9800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)