2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # .172350



FILED Feb 26, 2003 8:00 am Secretary of State

Principal Place of Business IASA W ARRIBANKS AVE SUIT 800 WINTER PARK F, 22789 US US US US US US US US US U	1. Entity No THE RIC		VEGA GROUP IN		RATED				02-26-2003 90	_			
City & State Ci	1245 W FAIR SUITE 380 WINTER PAR US	RBANKS AVE		1245 W FAIRBANKS AVE SUITE 380 WINTER PARK FL 32789 US									
City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country S. Certificate of Status Desire \$8.75 Additional Fee Required	Suite, Ap	ot. #, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF	- MAKING	CHANGE	:S	
G. Name and Address of Current Registered Agent F. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent VEGA, RICHARD L 1245 W FAIRBANKS AVE SUITE 380 WINTER PARK FL 32789 City FL Zip Code 6. Tree above named entry submits this statement for the purpose of Library ng its registered agent, or both, in the State of Fiorida. I am familiar with, and accept they obtained agent in the purpose of Library ng its registered agent, or both, in the State of Fiorida. I am familiar with, and accept they obtained have revealing in the purpose of primes have or registered agent. SIGNATURE Signature, lipsod or primes have or registered agent a	City & Sta	ate		City	City & State			4. FE! Number 59-28 17853 Applied For					
S. Name and Address of Current Registered Agent Street Address of Now Registered Agent Street Address (P.O. Box Number is Not Acceptable)						ntry	5. Certificate of Status Desired \$8.75 Additional			dditional			
VEGA, RICHARD L 1245 W FARRANKS AVE SUITE 380 WINTER PARK FL 22789 8. The above named entity submits this statement for the purpose of changing its registated office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registated office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registated office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registated office or registered agent, or both, in the State of Florida. I am familiar with, and accept a manufacture of registered agent with a state of Florida. I am familiar with, and accept a manufacture of registered agent, or both, in the State of Florida. I am familiar with, and accept a manufacture of registered agent, or both, in the State of Florida. I am familiar with, and accept a manufacture of registered agent, or both, in the State of Florida. I am familiar with, and accept a manufacture of registered agent, or both, in the State of Florida. I am familiar with, and accept a manufacture of registered agent, or both, in the State of Florida. I am familiar with, and accept a manufacture of registered agent, or both, in the State of Florida. I am familiar with, and accept a manufacture of Florida. I am familiar with, and accept a manufacture of Florida. I am familiar with, and accept a manufacture of Florida. I am familiar with, and accept a manufacture of Florida. I am familiar with, and accept a manufacture of Florida. I am familiar with, and accept a manufacture of Florida. I am familiar with, and accept a		6. Name	and Address of Curren	Registere	ed Agent								
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SIGNATURE Signature hybrid or printed reare of regulatered agent and size if applicative. (NOTE Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00							1 '			FL			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	8. The above the obliga	e named entity ations of regist	submits this statement for ered agent.	or the purp	ose of changing its	registere	ed office or register	red age	ent, or both, in the State of Florid	da. I am fa	_1 amiliar with	ı, and accept	
After May 1, 2003 Fee will be \$550.00 Make Cheek Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE MAME STREET ADDRESS DITY-ST-ZP WINTER PARK FL 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE MAME STREET ADDRESS DITY-ST-ZP 10. OFFICERS AND DIRECTORS IN 11 ITTLE MAME STREET ADDRESS DITY-ST-ZP 10. OFFICERS AND DIRECTORS IN 11 ITTLE MAME STREET ADDRESS DITY-ST-ZP 10. OFFICERS AND DIRECTORS IN 11 ITTLE MAME STREET ADDRESS DITY-ST-ZP 10. OFFICERS AND DIRECTORS IN 11 ITTLE MAME STREET ADDRESS DITY-ST-ZP 10. OFFICERS AND DIRECTORS IN 11 ITTLE MAME STREET ADDRESS DITY-ST-ZP 10. OFFICERS AND DIRECTORS IN 11 ITTLE MAME STREET ADDRESS DITY-ST-ZP 10. OFFICERS AND DIRECTORS IN 11 ITTLE MAME STREET ADDRESS DITY-ST-ZP 10. OFFICERS AND DIRECTORS IN 11 ITTLE MAME STREET ADDRESS DITY-ST-ZP 10. OFFICERS AND DIRECTORS IN 11 ITTLE MAME STREET ADDRESS DITY-ST-ZP 10. OFFICERS AND DIRECTORS IN 11 ITTLE MAME STREET ADDRESS DITY-ST-ZP 10. OFFICERS AND DIRECTORS IN 11 ITTLE MAME STREET ADDRESS DITY-ST-ZP 10. OFFICERS AND DIRECTORS IN 11 ITTLE MAME STREET ADDRESS DITY-ST-ZP 10. OFFICERS AND DIRECTORS IN 11 ITTLE MAME STREET ADDRESS DITY-ST-ZP 10. OFFICERS AND DIRECTORS IN 11 ITTLE MAME STREET ADDRESS DITY-ST-ZP 10. OFFICERS AND DIRECTORS IN 11 ITTLE MAME STREET ADDRESS DITY-ST-ZP 10. OFFICERS AND DIRECTORS IN 11 ITTLE MAME STREET ADDRESS DITY-ST-ZP 10. OFFICERS AND DIRECTORS IN 11 ITTLE MAME STREET ADDRESS DITY-ST-ZP 10. OFFICERS AND DIRECTORS IN 11 ITTLE MAME STREET ADDRESS DITY-ST-ZP 10. OFFICERS AND DIRECTORS IN 11 ITTLE MAME STREET ADDRESS DITY-ST-ZP 10. OFFICERS AND DIRECTORS IN 11 ITTLE MAME STREET ADDRESS DITY-ST-ZP 10. OFFICERS AND DIRECTORS IN 11 ITTLE MAME STREET ADDRESS DITY-ST-ZP 10. OFFICERS AND DIRECTORS DITY-ST-ZP 10. OFFICERS AND D	SIGNATURE	Signature, typed	or printed name of registered agent	and title if app	icable. (NOTE	: Registered	d Agent signature required	when rein	nstatino)	DATE			
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MAME NAME Change Addition	10.		OFFICERS AND	DIRECTOR	RS	11.		ADD	OITIONS/CHANGES TO OFFICE	EBS AND	DIRECTOR	2S IN 11	
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2. 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	AME Treet address Ity-St-Zip	orbite the same			,	NAME STREET CITY-S	T-ZIP				•	ļ	

indicated on this report or supplemental zeport 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN