

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/1/

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90409 005 \*\*\*150.00

**DOCUMENT # K18932**

1. Entity Name  
**VEC, INC.**



Principal Place of Business  
~~777 E. 25TH STREET, #212~~  
~~MIAMI FL 33133~~

Mailing Address  
~~PO BOX 834~~  
~~MIAMI SHORES FL 33153~~

33044773



2. Principal Place of Business  
**6769 PANSY DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 834**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**MIRAMAR, FLORIDA 33023**  
Zip Country  
**33023**

City & State  
**WAYCROSS, GA**  
Zip Country  
**31502-0834**

4. FEI Number **65-0049379** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

~~CUESTA, MANUEL B M.D.~~  
~~777 EAST 25TH STREET, #212~~  
~~MIAMI FL 33013~~

7. Name and Address of New Registered Agent

Name **ELINA CROUD**  
Street Address (P.O. Box Number is Not Acceptable)  
**6769 PANSY DRIVE**  
City **MIRAMAR, FL** Zip Code **33023**

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

(NOTE: Registered Agent signature required when reinstating)

**4/25/03**  
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  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME ~~CUESTA, MANUEL~~  
STREET ADDRESS ~~777 EAST 25TH ST., #212~~  
CITY-ST-ZIP ~~MIAMI FL~~

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **CUESTA, MANUEL B.**  
STREET ADDRESS **909 BARKLEY STREET**  
CITY-ST-ZIP **WAYCROSS, GEORGIA 31501**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: *Manuel B. Cuesta MD* **SIGNATURE REQUIRED**

**4/25/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)