

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90301 014 ***150.00

0375765

DOCUMENT # K54398

1. Entity Name
MIKE AND LIZ VARGAS INC.

Principal Place of Business

% MICHAEL VARGAS
 10412 TODD CIRCLE
 SEMINOLE FL 34648

Mailing Address

% MICHAEL VARGAS
 10412 TODD CIRCLE
 SEMINOLE FL 34648

2. Principal Place of Business

11255 Rapak Grand Cir
 Suite, Apt. #, etc.

3. Mailing Address

11255 Rapak Grand Circle
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Madeira Beach, Florida

City & State

Madeira Beach, Florida

4. FEI Number **59-2924383**

Applied For
 Not Applicable

Zip

33708

Country

Pinellas

Zip

33708

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VARGAS, MICHAEL
 10412 TODD CIRCLE
 SEMINOLE FL 34648

7. Name and Address of New Registered Agent

Name

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

City

h

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.

SIGNATURE

Michael Vargas MICHAEL VARGAS

4/27/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE
 NAME PD
 STREET ADDRESS VARGAS, MICHAEL
 CITY-ST-ZIP 10412 TODD CIRCLE
 SEMINOLE FL

☐ Delete

TITLE
 NAME D
 STREET ADDRESS VARGAS, ELIZABETH
 CITY-ST-ZIP 10412 TODD CIRCLE
 SEMINOLE FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
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 CITY-ST-ZIP

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☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Vargas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

727-391-6026

Daytime Phone #

CR2E034 (10/00)