

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90039 045 ***150.00

DOCUMENT # K63662

1. Entity Name
VAHA CORPORATION



Principal Place of Business
**4691 WEST SUNRISE BLVD.
PLANTATION FL 33313-6713**

Mailing Address
**4691 WEST SUNRISE BLVD.
PLANTATION FL 33313-6713**

45004303



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0108178

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

**HALIVELAKIS, EMMANUEL
3861 N. 40TH AVE
HOLLYWOOD FL 33021**

Name
EMMANUEL HALIVELAKIS
Street Address (P.O. Box Number is Not Acceptable)
3015 TOSCANY DRIVE
City
HOLLYWOOD FL Zip Code
33021

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

(NOTE: Registered Agent signature required when reinstating)

DATE
1/7/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVPS
HALIVELAKIS, DIMITRIOS
4691 W. SUNRISE BLVD.
PLANTATION FL** ☐ Delete

TITLE
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☐ Change ☐ Addition

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4691 W. SUNRISE BLVD
PLANTATION FL 33313** ☐ Delete

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HALIVELAKIS, MARY
4691 W SUNRISE BLVD
PLANTATION FL 33313** ☐ Delete

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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

Date

Daytime Phone #

1/7/03 **(954) 587-7764**

CR2E034 (10/02)