

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91282 034 ***150.00

DOCUMENT # L19947

1. Entity Name

J. VASQUEZ & ASSOCIATES, INC.

Principal Place of Business

**2625 W. SR 434
 LONGWOOD 32 32779
 US**

Mailing Address

**2625 W. SR 434
 LONGWOOD 32 32779
 US**

2. Principal Place of Business

3. Mailing Address

2625 W. SR 434

2625 W. SR 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2971221

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

**VASQUEZ, JOSUE F.
 3519 SALT LAKE CT.
 ORLANDO FL 32810**

Name

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

2746 Mendelheim ST

City

APOLKA

FL

Zip Code

32703

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

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, 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	D VASQUEZ, JOSUE F. 3519 SALT LAKE CT. ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2746 Mendelheim ST APOLKA, FL 32703	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASQUEZ, JEANETTE 3519 SALT LAKE CT. ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2746 Mendelheim ST APOLKA, FL 32703	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

Daytime Phone #

CR2E034 (9/01)