

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M38364

FILED
Apr 22, 2002 8:00 AM
Secretary of State

Entity Name: ERNIE VEGA'S TEXTURES INC.

Current Principal Place of Business:

615 N.W. 2ND STREET
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

615 N.W. 2ND STREET
FLORIDA CITY, FL 33034

New Mailing Address:

FEI Number: 59-2717653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VEGA, ERNEST JR
615 N.W. 2ND STREET
FLORIDA CITY, FL 33034

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDV () Delete
Name: VEGA, ERNEST JR,
Address: 615 NW 2ND ST
City-St-Zip: FLORIDA CITY, FL

Title: STD () Delete
Name: VEGA, ADELA,
Address: 615 NW 2ND ST
City-St-Zip: FLORIDA CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADELA VEGA

STD

04/22/2002

Electronic Signature of Signing Officer or Director

Date