

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90162 040 ***150.00

DOCUMENT # M55819

1. Entity Name
VARTEX ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~9605 NW 13TH ST~~ 7800 NW 34 ST = ~~9605 NW 13TH ST~~ 7800 NW 34 ST
MIAMI FL 33172 SUITE 204 **MIAMI FL 33172** SUITE 204
US **MIAMI, FL 33122** **US** **MIAMI, FL 33122**



2. Principal Place of Business

3. Mailing Address

7800 NW 34 STREET

7800 NW 34 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

204

204

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Zip

Country

Country

33122

USA

33122

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SERRANO, GABRIEL A.

~~9605 NW 13TH STREET~~ 7800 NW 34 STREET
MIAMI FL 33172 SUITE 204
MIAMI, FL 33122

Name

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

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/02

9. This corporation is eligible to elect 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 **P** ☐ Delete
 NAME **SERRANO, GABRIEL**
 STREET ADDRESS **9605 NW 13TH STREET**
 CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE **STD** ☒ Delete
 NAME **VARGAS, GLORIA**
 STREET ADDRESS **9605 NW 13TH STREET**
 CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

Date

Daytime Phone #

1/31/02 (305) 597-0030

CR2E034 (9/01)