

2001 UNIFORM BUSINESS REPORT (UBR)

0089399

DOCUMENT # M79749

1. Entity Name

VEGA-HALLANDALE CORPORATION

FILED

01 MAY -3 AM 11:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**606 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009**

**606 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0056650

Applied For

Not Applicable

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

**VEGA, MANUEL
5001 UNIVERSITY PK
STE C
DAVIE FL 33324**

Name

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

606 E HALLANDALE BEACH BLVD

City

FL

Zip Code

33009

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)

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-05/16/01--01113--002

******676.25 ****150.00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!
After MAY 1, 2001
Make Check Payable to Department of State**

**FEE IS \$150.00
Fee will be \$550.00
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 ☐ Delete

NAME **VEGA, MANUEL**
STREET ADDRESS **5001 UNIVERSITY DR., #C**
CITY-ST-ZIP **DAVIE FL**

TITLE ☐ Delete

NAME **VEGA, LUISA M**
STREET ADDRESS **5001 UNIVERSITY DR**
CITY-ST-ZIP **DAVIE FL**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS **606 E HALLANDALE BEACH BLVD**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS **606 E HALLANDALE BEACH BLVD**
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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 no 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:

Manuel Vega
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/01
Date

954-454-5982
Daytime Phone #

CR2E034 (10/00)