

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90035 009 ***150.00

DOCUMENT # P00000052797

1. Entity Name

V & T SERVICES CORP.

Principal Place of Business

Mailing Address

11241 W. ATLANTIC BLVD
306

11241 W. ATLANTIC BLVD
306

A00049842

CORAL SPRINGS FL.

CORAL SPRINGS FL.

2. Principal Place of Business

651 NW 208 CIRCLE

3. Mailing Address

651 NW 208 CIRCLE

Suite, Apt. #, etc.

651

Suite, Apt. #, etc.

651

DO NOT WRITE IN THIS SPACE

City & State
PEMBROKE PINES FL.

City & State
PEMBROKE PINES FL.

4. FEI Number

65-1015044

Applied For

Not Applicable

Zip

Country

33029

USA

Zip

Country

33029

USA

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

Fernando J. Valencia.

Name

Gabriel J. Trujillo

11241 WEST ATLANTIC BLVD #306

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

CORAL SPRINGS FL 33071

651 NW 208 CIRCLE

City

PEMBROKE PINES FL

Zip Code

33029

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

APRIL 6/01

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, 2001 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
Director
FERNANDO J. VALENCIA
11241 WEST ATLANTIC BLVD #306
CORAL SPRING FL 33071

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
GABRIEL J. TRUJILLO
651 NW 208 CIRCLE
PEMBROKE PINES FL 33029

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

APRIL 6/01

Date

Daytime Phone #

305 9401071

CR2E034 (11/00)