

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90003 015 \*\*\*150.00

0250283 AV

**DOCUMENT # P00000069697**

1. Entity Name

**VAREY CORPORATION**

Principal Place of Business

**8502 SW 128 STREET  
 MIAMI FL 33156**

Mailing Address

**8502 SW 128 STREET  
 MIAMI FL 33156**

2. Principal Place of Business

**11329 S.W. 132 PLACE**

3. Mailing Address

**11329 S.W. 132 PLACE**

Suite, Apt. #, etc.

**Apt. #1**

Suite, Apt. #, etc.

**Apt. #1**

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

Zip

**33186**

Country

**UNITED STATES**

Zip

**33186**

Country

**UNITED STATES**

6. Name and Address of Current Registered Agent

**REYES, LUIS**

**8502 SW 128 STREET**

**MIAMI FL 33156**

7. Name and Address of New Registered Agent

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 **A**

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

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | <b>PVST</b>               | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>REYES, LUIS</b>        |  |
| STREET ADDRESS | <b>8502 SW 128 STREET</b> |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33156</b>     |  |
| TITLE          | <b>PD</b>                 | <input type="checkbox"/> Delete            |
| NAME           | <b>VARGAS, RAFAEL</b>     |  |
| STREET ADDRESS | <b>8502 SW 128 ST</b>     |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33156</b>     |  |
| TITLE          | <b>DVP</b>                | <input type="checkbox"/> Delete            |
| NAME           | <b>REYES, ESPERANZA</b>   |  |
| STREET ADDRESS | <b>8502 SW 128TH ST</b>   |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33156</b>     |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

**SIGNATURE:**

**ESPERANZA REYES**  
 D.V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-15-02**

Date

**786-218-5122**

Daytime Phone #

CR2E034 (9/01)