2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000069697

1. Entity Name

VAREY CORPORATION



FILED Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90175 042 ***150.00

TITLE REYES, LUIS RESO2 SW 128 STREET MIAMI FL 33156 TITLE PD VARGAS, RAFAEL STREET ADDRESS RITTLE PD REYES, ESPERANZE STREET ADDRESS RITTLE NAME STREET ADDRESS RITY-ST-ZIP RITTLE NAME STREET ADDRESS RITY-ST-ZIP RITTLE NAME STRE							WE WE	ا عد						
Sure, Apr 4, etc. City 4, State	11329 S.W. 132 PLACE APT. #1				11329 S.W. 132 PLACE APT. #1									
Cay & State City & State City & State City & State Country Co	2. Principal Place of Business				3. Mailing Address									
Country Zip Country Zip Country S. Certificate of Status Desired S. 75. Additional For Required	Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
Set Country Sp	City & State				City & State				4. FEI Number 65-1025585					
REYES, LUIS 8502 SW 128 STREET MAMI FL 33156 City FL Zip Code 6. 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. I am familiar with, and accopt me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accopt me obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accopt me obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accopt me obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accopt me obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accopt me obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accopt me obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accopt me obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accopt me obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accopt me obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accopt me obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accopt me obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accopt me obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accopt me obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accopt me obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accopt me obligations of registered agent. Or both, in the State of Florida Delete of Registered Agent agent accords of Florida Delete of Registered Agent agent accords of Registered Age	Zip Country			Zip	Zip Count				5. C	ertificate of Status Desired		8.75 Add	ditional	1
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zio Code		6. Name	and Address of Curre	ent Registere	Registered Agent			7. Name and Address of New Registered Agent				gent	t	
8502 SW 128 STREET MIAMI FL 33156 City	<u> </u>						Name							1
MAMI FL 33156 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chiligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipation of the chilipation of registered agent, or both, in the State of Florida. I am familiar with, and accept the familiar with and accept the familiar with, and accept the familiar with a			т		Street Add			ddress (F	ess (P.O. Box Number is Not Acceptable)					
B. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, types giprimet name of registered agent and title if applicable. (MOTE Registered Agent signature required when initiating) DATE FILE NOW!!! FEE IS \$150.00										i		,		1
THE PVST SIZER ADDRESS OTTY-ST-ZP MIAMI FL 33156 TILE PVP MAME FESSER STEEL S							City				FL	Zip Cod	е	1
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	the obligat	tions of regist	ered agent.							· ,		amiliar with,	and accept	
TITLE REYES, LUIS NAME REYES, LUIS STREET ADDRESS REYES, LUIS STREET ADDRESS REYES, LUIS STREET ADDRESS REYES, LUIS STREET ADDRESS RITHLE PD VARGAS, RAFAEL STREET ADDRESS RITHLE NAME STREET ADDRESS RITHLE RAME STR	FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00							<u> </u>		9. Election Campaign F Trust Fund Contributi	ion. \square	Added	to Fees	
NAME REYES, LUIS STREET ADDRESS	10.	_	. OFFICERS AI	VD DIRECTO	PRS	11.			ADD	DITIONS/CHANGES TO OF			S IN 11	_ ا
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	NAME STREET A	ľ					Change	Addition	

I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

305-386-7563