

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000077967**

1. Entity Name

R.V.C. CLOSET ACCESSORIES MANUFACTURING, INC.

Principal Place of Business

**1717 S.W. 1ST WAY BAY 17
DEERFIELD BEACH FL 33441**

Mailing Address

**1717 S.W. 1ST WAY BAY 17
DEERFIELD BEACH FL 33441**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent**CALDERON, DORA
800 CYPRESS PARK WAY #L
POMPANO BEACH FL 33064****7. Name and Address of New Registered Agent**

Name

ROSA VASQUEZ

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

1050 E. Sample Road

City

Pompano Beach

FL

Zip Code

33064

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

Rosa Vasquez

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, 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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	VASQUEZ, JOSE R	
STREET ADDRESS	800 CYPRESS PARK WAY #L	
CITY-ST-ZIP	POMPANO BEACH FL 33064	

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		

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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASQUEZ, JOSE R	
STREET ADDRESS	1050 E. Sample Road	
CITY-ST-ZIP	Pompano Beach, FL 33064	

TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSA VASQUEZ	
STREET ADDRESS	1050 E. Sample Road	
CITY-ST-ZIP	Pompano Beach, FL 33064	

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMA C. Mendieta	
STREET ADDRESS	1050 East Sample Road #109	
CITY-ST-ZIP	Pompano Beach, FL 33064	

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 like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Vasquez, President

Date

Daytime Phone #

FILED**May 05, 2001 8:00 am
Secretary of State**

05-05-2001 90372 001 ***150.00

05-05-2001 90372 002 *****8.75

41050

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1067723

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CR2E034 (10/00)