

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

0179888 AV

03-03-2002 90071 019 ***158.75

DOCUMENT # P00000078329

1. Entity Name
J. AND E. VEGAS, INC.

Principal Place of Business
**3530 NW 21ST ST
 COCONUT CREEK FL 33066**

Mailing Address
**3530 NW 21ST ST
 COCONUT CREEK FL 33066**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1361 S. OCEAN BLVD.

3. Mailing Address
P.O. Box 667186

Suite, Apt. #, etc.
APT 905

Suite, Apt. #, etc.

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

4. FEI Number **65-1038537** Applied For
 Not Applicable

Zip **33062** Country **Broward** Zip **33060** Country **Broward**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**VEGAS, JAMES
 3530 NW 21ST ST
 COCONUT CREEK FL 33066**

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 *James Vegas* DATE **2/16/02**

Signature (typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEGAS, JAMES 3530 NW 21ST ST COCONUT CREEK FL 33066	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. VEGAS, JAMES 1361 S. OCEAN BLVD / APT 905 POMPANO BEACH, FL. 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEGAS, ERICA 3530 NW 21ST ST COCONUT CREEK FL 33066	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. VEGAS, ERIKA 1361 S. OCEAN BLVD. / APT 905 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: *James Vegas* DATE **2/16/02** DAYTIME PHONE # **561-762-6180**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)