

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000088587

1. Entity Name

Vasquez Delivery & Service, Inc.

Principal Place of Business

6464 West 11 Lane
Hialeah, FL 33012

Mailing Address

6464 West 11 Lane
Hialeah, FL 33012

2. Principal Place of Business

1114 NW 82nd Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33126

Country

USA

Zip

Country

4. FEI Number

65-1040441

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0059139

6. Name and Address of Current Registered Agent

Jesus Vasquez
6464 West 11 Lane
Hialeah, FL 33012

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

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 P
NAME Jesus Vasquez
STREET ADDRESS 6464 West 11 Lane
CITY-ST-ZIP Hialeah, FL 33012 ☐ Delete

TITLE VP
NAME Fernando Buzay
STREET ADDRESS 13920 Lake Placid Ct Apt - B32
CITY-ST-ZIP Miami Lakes, FL 33014 ☐ Delete

TITLE ~~El Ochoa~~
NAME ~~6451 NW 112 PL~~
STREET ADDRESS ~~Miami, FL 33178~~ ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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

Date

Daytime Phone #

04/26/01 (301)
499-9469