

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90116 031 ***150.00

0076189 AV

DOCUMENT # P00000100673

1. Entity Name

VAZ GROUP, INC.

(LA)

Principal Place of Business

160 WEST CAMINO REAL #240
 BOCA RATON FL 33432

Mailing Address

160 WEST CAMINO REAL #240
 BOCA RATON FL 33432

2. Principal Place of Business

160 W CAMINO REAL
 Suite, Apt. #, etc.
 #240

3. Mailing Address

SAME
 Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

BOCA RATON

Zip

FL

Country

FL

Zip

33433

Country

FL

4. FEI Number

65 105 2840

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VAZ, ANTHONY

160 WEST CAMINO REAL, #240
 BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

33433

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
 NAME P
 STREET ADDRESS VAZ, ANTHONY
 CITY-ST-ZIP 160 WEST CAMINO REAL, #240
 BOCA RATON FL 33432

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
 NAME
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/01

(561) 966-2267

Date

Daytime Phone #

CR2E034 (5/01)

Attachment

Doc. # ^{Admoro:} P00000100673



This form was
already filed
with your office
Please accept this
along with my
check for \$150⁰⁰