

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116513

1. Entity Name

VAZQUEZ SERVICES INC.

**FILED**  
Feb 23, 2001 8:00 am  
Secretary of State

02-12-2001 90238 004 \*\*\*150.00

Principal Place of Business		Mailing Address	
12039 SW 39TH TERR MIAMI FL 33175		12039 SW 39TH TERR MIAMI FL 33175	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number <b>65-1063158</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
VAZQUEZ, MANUEL O 1328 SW 17 ST MIAMI FL 33145				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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAZQUEZ, ALINA		NAME		
STREET ADDRESS	12039 SW 39 TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAZQUEZ, MANUEL O		NAME		
STREET ADDRESS	1328 SW 17 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33145		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAZQUEZ, ORLANDO		NAME		
STREET ADDRESS	1328 SW 17 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33145		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

*Manuel O. Vazquez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/01 305-409-991  
Date Daytime Phone

CR2E034 (10/00)