

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90191 022 ***158.75

DOCUMENT # P01000011320

1. Entity Name
VEQUIZ CORP.

Principal Place of Business

1135 W 76 ST. APT 6
HIALEAH FL 33014

Mailing Address

1135 W 76 ST. APT 6
HIALEAH FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1087557

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MAZZA-MARTINEZ, TANIA A
782 NW 42 AVE, STE 638
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name **Juan Izurriaga**
 Street Address (P.O. Box Number is Not Acceptable)
1135 W 76 ST # 6
 City **Hialeah** FL Zip Code **33014**

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

03/16/02

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

TITLE **P** ☐ Delete
 NAME **VELARDE, ZARITA**
 STREET ADDRESS **1135 W 76 ST, APT 6**
 CITY-ST-ZIP **HIALEAH FL 33014**

TITLE **GM** ☐ Delete
 NAME **MANUEL IZURRIAGA, JUAN**
 STREET ADDRESS **1135 W 76 ST, APT 6**
 CITY-ST-ZIP **HIALEAH FL 33014**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
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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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 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:

Jarita Velarde
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/02
 Date

305-8195017
 Daytime Phone #

0128885 AV

CR2E034 (9/01)

Miami March 16, 2002

To: Florida Department of State
Division of Corporations.

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P010000/1320/

I will appreciate send me as soon as possible the Certificate of Status of Vequiz
Corp.

1613379

Thanks
Zarita Velarde
President

Zarita Velarde