

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90165 039 ***150.00

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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

900 W 49 ST

6711 NW 193 Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

538

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

Florida

4. FEI Number

65-1087557

Applied For

Not Applicable

Zip

Country

Zip

Country

33012

US

33015

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IZTURRIAGA, JUAN
1135 W 76 STREET
#6
HIALEAH FL 33014**

Name **IZTURRIAGA JUAN**

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

6711 NW 193 Ln

City **Miami**

FL

Zip Code

33015

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Juan Izturriaga**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/2003

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election: Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME **6711 NW 193 Ln**
STREET ADDRESS **Miami FL 33015**
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **6711 NW 193 Ln**
STREET ADDRESS **Miami FL 33015**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2003

Date

805-627-6940

Daytime Phone #

CR2E034 (10/02)