

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90189 009 ***150.00

DOCUMENT # P01000027509

1. Entity Name

VARCAY CONSULTING, INC.

Principal Place of Business

**15768 NW 4TH STREET
 PEMBROKE PINES FL 33028**

Mailing Address

**15768 NW 4TH STREET
 PEMBROKE PINES FL 33028**

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

65108583-5

Applied For

Not Applicable

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

**ITURRIZA, V T ARCAV
 15768 NW 4TH STREET
 PEMBROKE PINES FL 33028**

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

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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ITURRIZA, V T ARCAV 15768 NW 4TH STREET PEMBROKE PINES FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

VERONICA T. ARCAV I.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/08/02
 Date
954-4503305
 Daytime Phone #

CR2E034 (4/02)

Attachment

Varcay Consulting, Inc

15768 NW 4th Street Pembroke Pines FL 33028

PO 1000027509

July 9, 2002

Florida Department of State
Uniform Business Report
Division of Corporations

Dear Sir or Madam:

The purpose of the following letter is to request a waiver of the \$550 fee due by September 13th, 2002. Unfortunately I was not aware of the obligation to pay this registration fee by May 1st and I never received the original form related to the 2002 UBR.

I apologize for not knowing that I had to pay this fee, but I am requesting that you accept the regular payment of \$150 due to the circumstances.

Sincerely,

Verónica Arcay
Verónica T. Arcay
Director

