FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 AUG -5 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name
V. A.V.E., INC.

P01000038254

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-08/08/02--01002--010
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For / Not Applicable
3409 W COLUMBUS DR	3409 W. COLUMBUS DR	59-3721433	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State: TAMPA FL	City & State: TAMPA, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required	
Zip: 33607 Country: USA	Zip: 33607 Country: USA		

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7. Name and Address of Current Registered Agent

Name: VIRGILIO PENA

Street Address (P.O. Box Number is Not Acceptable): 3409 W. COLUMBUS DR

City: TAMPA FL Zip Code: 33607

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: _____ Virgilio Peña 6/19/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when applicable.) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 - D
NAME	VIRGILIO PENA
STREET ADDRESS	3409 W COLUMBUS DR
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Virgilio Peña 813-876-3191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 6/19/02 Daytime Phone #