

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000054236

1. Entity Name

VAHO ENTERPRISES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1820 N. 50th ave

Suite, Apt. #, etc.

3. Mailing Address

1820 N. 50th ave.

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33021

Country

Broward

City & State

Hollywood, FL

Zip

33021

Country

Broward

4. FEI Number

65-1114113

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Aida Danyali

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

1820 N. 50th ave.

City

Hollywood,

FL

Zip Code

33021

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

Aida B. Danyali

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/02

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. President

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Aida Danyali

1820 N. 50th ave.

Hollywood, FL 33021

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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****158.75 ****158.75

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP

Hovik Bozik

21300 San Simeon way.

Miami FL 33179

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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:

Aida B. Danyali

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02

Date

954-981-6372

Daytime Phone #