

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90158 033 ***155.00

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DOCUMENT # P01000064603

1. Entity Name
SHOFAR INVESTMENTS, INC.

Principal Place of Business
**929 S "N" ST. #5
LAKE WORTH FL 33460**

Mailing Address
**929 S "N" ST. #5
LAKE WORTH FL 33460**



2. Principal Place of Business

3. Mailing Address

6810 S 19th Drive, South

6810 S 19th Drive South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 100

Suite # 100

City & State

City & State

Lantana, FL

Lantana FL

Zip

Country

Zip

Country

33462

U.S.A

33462

U.S.A

4. FEI Number

Applied For

65-1130488

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VASQUEZ, OSCAR
929 S "N" ST. #5
LAKE WORTH FL 33460**

Name

VASQUEZ, OSCAR

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

6810 S 19th Drive South

City

Lantana

FL

Zip Code

33462

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] **Oscar A Vasquez Owner**

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 requirements 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	VASQUEZ, OSCAR	
STREET ADDRESS	929 S "N" ST. #5	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	V	<input type="checkbox"/> Delete
NAME	VASQUEZ, GABRIELA	
STREET ADDRESS	929 S "N" ST. #5	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vasquez Oscar	
STREET ADDRESS	6810 S 19th Drive South	
CITY-ST-ZIP	Lantana FL 33462	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vasquez, Gabriela	
STREET ADDRESS	6810 S 19th Drive South	
CITY-ST-ZIP	Lantana FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

[Signature] **Oscar Vasquez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)