

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

DOCUMENT # P01000070719

1. Entity Name

VAP GRAPHIC CORP

FILED

02 NOV 15 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12101 SW 114th Place

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami, FL

City & State

Zip

33176

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

10-25-02 01109 008 \$150.00

4. FEI Number

65-1132402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANDRES R. VARGAS

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

12101 SW 114th Place

City

miami

FL

Zip Code

33176

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

(NOTE: Registered Agent signature required when reinstating)

11-12-02

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANDRES R. VARGAS 12101 SW 114th Place miami, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ALFONSO DURAN 12101 SW 114th Place miami, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/02 305.235.6113

Date

Daytime Phone #

CR2E034B (12/01)

Division of Corporations
PO Box 1500
Tallahassee, Florida
32302-1500

Re: V A P Graphics, ^{CORP.} ~~Inc.~~
#P0100070719

October 22, 2002

To Whom It May Concern,

My accountant noticed that we never received our annual report. He downloaded a blank form for us. Please accept this form with the required \$ 150.00 instead of the \$ 550.00 rate for late filers.

Thank you,

A handwritten signature in black ink, appearing to read 'Andres Vargas', with a long horizontal line extending to the left.

Andres Vargas, President