## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 07, 2002 8:00 am Secretary of State DOCUMENT # P01000112238 1. Entity Name VDZ FABRICATOR CORP. 05-07-2002 90268 032 \*\*\*150.00 Principal Place of Business Mailing Address 5536 S. DOLLINS AVE. 5536 S. DOLLINS AVE. ORLANDO FL 32839 ORLANDO FL 32839 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country 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 Name DELGADO, VICENTE Street Address (P.O. Box Number is Not Acceptable) 5536 S. DOLLINS AVE. ORLANDO FL 32839 City Zip Code FI 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change CR2E034 (9/01) ☐ Addition DELGADO, VICENTE NAME NAME STREET ADDRESS 5536 S. DOLLINS AVE. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32839 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME DELGADO, YOLANDA NAME STREET ADDRESS 5536 S. DOLLINS AVE. STREET ADDRESS CITY-ST-7IP ORLANDO FL 32839 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS 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: 🗹 URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICENTE <u> Ре (9</u>,