

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90068 023 \*\*\*150.00

**DOCUMENT # P01000115630**

1. Entity Name  
**VAG INVESTMENT, INC.**

Principal Place of Business  
**6811 YELLOWSTONE LANE  
 PARKLAND FL 33067**

Mailing Address  
**6811 YELLOWSTONE LANE  
 PARKLAND FL 33067**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
**5365 W. ATLANTIC AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**503**

City & State

City & State  
**DELRAY BEACH**

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip  
**33484** Country  
**FL**

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

**GUPTA, VIJAY K  
 6811 YELLOWSTONE LANE  
 PARKLAND FL 33067**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**5365 W. ATLANTIC AVE  
 Suite 503  
 Delray Beach FL 33484**

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  
 Tax filing requirement 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  
**D** ☐ Delete  
 NAME  
**GUPTA, VIJAY K**  
 STREET ADDRESS  
**6811 YELLOWSTONE LANE**  
 CITY-ST-ZIP  
**PARKLAND FL 33067**

TITLE  
☒ Change ☐ Addition  
 NAME  
**5365 W. ATLANTIC AVE, Suite 503**  
 STREET ADDRESS  
**Delray Beach, FL 33484**  
 CITY-ST-ZIP  
**FL 33484**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
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TITLE  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)