

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90111 049 ***150.00

DOCUMENT # P02000018027

1. Entity Name
VIGO'S INVESTMENTS, INC.



Principal Place of Business
**9695 NW 79TH AVE BAY #19
HIALEAH GARDENS FL 33016**

Mailing Address
**9695 NW 79TH AVE BAY #19
HIALEAH GARDENS FL 33016**

2. Principal Place of Business
2500 West 78th St
Suite, Apt. #, etc. **BAY #2**

3. Mailing Address
2500 West 78th St
Suite, Apt. #, etc. **BAY #2**

City & State
Hialeah, Florida

City & State
Hialeah, Florida

Zip
33016

Country
Miami-Dade

Zip
33016

Country
Miami-Dade



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
01-0601654

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VIGO, ANGEL J
9695 NW 79TH AVE BAY #19
HIALEAH GARDENS FL 33016

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

ANGEL VIGO, President.
(NOTE: Registered Agent signature required when reinstating)

3/3/2003
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **VIGO, ANGEL J**
STREET ADDRESS **9695 NW 79TH AVE BAY #19**
CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 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

3/3/03
Date

(305)-826-4118
Daytime Phone #

CR2E034 (10/02)