FILED
Feb 14, 2003 8:00 am
Secretary of State

01-21-2003 90143 016 ***150.00

1/21

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000106738

1. Entity Name
VANDIZ, CORP.

Principal Place of Business	Mailing Address
9301 SW 4 ST #202 MIAMI FL 33174	9301 SW 4 ST #202 MIAMI FL 33174

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5874 West flagler st.	9301 sw. 4st. #202
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Fl.
Zip: 33144 Country: U.S.A.	Zip: 33174 Country: U.S.A.

4. FEI Number 56-2297112 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VANEGAS, EDGARD
9301 SW 4 ST #202
MIAMI FL 33174

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. (NOTE: Registered Agent signature required when reinstating) 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	D	☐ Delete
NAME	VANEGAS, EDGARD	
STREET ADDRESS	9301 SW 4 ST #202	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	VD	☐ Delete
NAME	VANEGAS, FATIMA D	
STREET ADDRESS	9301 SW 4 ST #202	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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 REQUIRED (Edgard Vanegas) 1-16-03 (786) 282-1862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #