

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90176 003 \*\*\*158.75

0679643 FP

**DOCUMENT # P02000120247**

1. Entity Name  
**VARCAS, CORP**



Principal Place of Business  
**G/O ROTH, ROUSSO & DARRACH, P.A.  
3440 HOLLYWOOD BLVD., STE. 300  
HOLLYWOOD FL 33021**

Mailing Address  
**G/O ROTH, ROUSSO & DARRACH, P.A.  
3440 HOLLYWOOD BLVD., STE. 300  
HOLLYWOOD FL 33021**

2. Principal Place of Business  
**1511 E COMMERCIAL BVD.**

3. Mailing Address  
**1511 E COMMERCIAL Bld.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**FT. LAUDERDALE, FL**

City & State  
**FT. LAUDERDALE, FL**

4. FEI Number  
**48-1287617**

Applied For  
☐ Not Applicable

Zip  
**33334**

Country  
**U.S.A.**

Zip  
**33334**

Country  
**U.S.A.**

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

**ROTH, LEONARDO A  
G/O ROTH, ROUSSO & DARRACH, P.A.  
3440 HOLLYWOOD BLVD., STE. 300  
HOLLYWOOD FL 33021**

Name  
**Andres Casasbuenas**

Street Address (P.O. Box Number is Not Acceptable)  
**1511 E Commercial Blvd.**

City  
**Ft. Lauderdale FL** Zip Code  
**33334**

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 **Andres Casasbuenas** vice-president.

04/03/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VARGAS, HECTOR 3610 YACHT CLUB DR., APT. 1508 AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASASBUENAS, ANDRES 20100 W. COUNTRY CLUB DR., APT. 308 AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VARGAS, NATALIA 20100 W. COUNTRY CLUB DR., APT. 308 AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRIANA, LUZ MARIA 3610 YACHT CLUB DR., APT 1508 AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Andres Casasbuenas** 04/03/03 (954)771-7277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)