


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90059 022 ***150.00

1. Entity Name Vantage Architecture, INC.	
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DO NOT WRITE IN THIS SPACE

24033029

2. Principal Place of Business 15835 Cotswold Court Suite, Apt. #, etc.	3. Mailing Address 15835 Cotswold Court Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Davie, FL Zip 33331	Country US	4. FEI Number 54-2111781	Applied For <input type="checkbox"/> Not Applicable
City & State Davie, FL Zip 33331	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75	\$8.75

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Spiegel & Utrera, P.A.	
	Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor	
	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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP President Carlos S. Zapata 15835 Cotswold Ct. Davie, FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary Carlos S. Zapata 15835 Cotswold Ct. Davie, FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer Carlos S. Zapata 15835 Cotswold Ct. Davie, FL 33331	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04

Date

954-880-0535

Daytime Phone #

CR2E034B (12/02)