

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

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90005 023 \*\*\*150.00

**DOCUMENT #** P93000082323  
**1. Entity Name**  
VAN VORQUE ENTERPRISES, INC.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> <u>2335 N. Meridian Ave.</u>	<b>3. Mailing Address</b> <u>2335 N. Meridian Ave.</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> <u>Miami Beach, FL</u>	<b>City &amp; State</b> <u>Miami Beach</u>	<b>4. FEI Number</b> <u>65-0453136</u>	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> <u>33140</u>	<b>Country</b> <u>USA</u>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** MARA M. RANKIN

**Street Address (P.O. Box Number is Not Acceptable)**  
2335 N. Meridian Ave.

**City** Miami Beach **FL** **Zip Code** 33140

**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

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees.</b>
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<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <u>President</u>	<b>NAME</b> <u>MARA M. RANKIN</u>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> <u>2335 N. Meridian Ave.</u>	<b>STREET ADDRESS</b> <u>Miami Beach, FL 33140</u>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <u>Vice President</u>	<b>NAME</b> <u>VANNESSA VAN VORQUE</u>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> <u>2335 N. Meridian Ave.</u>	<b>STREET ADDRESS</b> <u>Miami Beach, FL 33140</u>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
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<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
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<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>

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IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.**

**SIGNATURE:** [Signature] **2-06-02 (305) 534-7228**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)