

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000053463

FILED
Apr 07, 2003
Secretary of State

Entity Name: VEE KAY ASSOCIATES, INC.

Current Principal Place of Business:

350 LINCOLN RD
SUITE 315
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

350 LINCOLN RD
SUITE 315
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-0505711 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHUNGANAY, BHAGWANDAS S ESQ
350 LINCOLN RD SUITE 315
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CHUGANEY, BHAWANDAS S
Address: 350 LINCOLN RD SUITE 315
City-St-Zip: MIAMI BEACH, FL 33139

Title: DST () Delete
Name: CHUGANEY, LAVINA B
Address: 350 LINCOLN RD SUITE 315
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BHAGWANDAS CHUGANEY

DP

04/07/2003

Electronic Signature of Signing Officer or Director

_____ Date