

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

DOCUMENT # P950000348LL

1. Entity Name **VANYAK ENTERPRISES INC**

FILED

08 NOV 10 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

2. Principal Place of Business

1602 ALTON RD

3. Mailing Address

1602 ALTON RD

Suite, Apt. #, etc.

#119

Suite, Apt. #, etc.

#119

City & State

MIAMI BEACH

City & State

MIAMI BEACH

4. FEI Number

65-0576995

Applied For

Not Applicable

Zip

33139

Country

MIAMI BEACH

Zip

33139

Country

MIAMI BEACH

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

NOEMI BUSTOS

Street Address (P.O. Box Number is Not Acceptable)

633 85 STREET

City

MIAMI BEACH

FL

Zip Code

33141

**DO NOT WRITE
IN THIS SPACE**

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

N. Bustos

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

11-7-08

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**NOEMI BUSTOS PT
633 85 STREET
MIAMI BEACH FL 33141**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**600137791236
11/10/08--01041--019 **150.00**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DIEGO CALVINO S
1550 NE 123 APT-105
NORTH MIAMI FL 33161**

TITLE
NAME
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CITY-STATE-ZIP

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

N. Bustos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-08

Date

Daytime Phone #

2/2

November 7, 2008
Miami, Florida

Division of Corporation
P.O. Box 1500
Tallahassee, Fl. 32302-1500

RE: Annual Report 2008
P95000034866
VANYAK ENTERPRISES INC

Attached for your record our check by \$150.00 covering the reports of the reference.
We appreciate very much you attention to this case.
We never received this report our address is as follow ;

1602 Alton Rd #119
Miami Beach, Fl.3319

Thank you for your attention to this matter.


NOEMÍ BUSTOS
President