

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000041280

1. Entity Name

VASQUEZ PEREZ TORRES, INC.

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90035 026 ***158.75

Principal Place of Business

Mailing Address

3239 OLEANDER AVE.
FT. PIERCE, FL 34982
US

3239 OLEANDER AVE.
FT. PIERCE FL 33409-5135
US

2. Principal Place of Business

1510 LATHAM RD

3. Mailing Address

1510 LATHAM Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10

10

City & State

City & State

W. P. B.

WEST PALM BCH FL

Zip

Zip

33409

33409

Country

Country

USA

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORRES, RAUL
600 NOTTINGHAM CIRCLE, APT.1
WEST PALM BEACH FL 33463

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

16 N. ERIC CIRCLE

City
GREENACRES

FL Zip Code
33463

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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-ST-ZIP	P TORRES, RAUL 600 NOTTINGHAM CIR I GREENACRES FL	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAUL TORRES 16 N. ERIC CIRCLE GREENACRE FL 33463	<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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RAUL TORRES

Date

Daytime Phone #