

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90311 010 ***150.00

DOCUMENT # P95000091078

1. Entity Name
CONSTRUCTORA VAFER, INC.



Principal Place of Business
1810 WELTIN STREET
ORLANDO FL 32803
US

Mailing Address
1810 WELTIN STREET
ORLANDO FL 32803
US

2. Principal Place of Business
5300 Lazy Oaks Ln.
Suite, Apt. #, etc.

3. Mailing Address
5300 Lazy Oaks Ln.
Suite, Apt. #, etc.



☒ **CHECK HERE IF MAKING CHANGES**

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number **59-3368708**

Applied For
Not Applicable

Zip **32839** **Country** **U.S.**

Zip **32839** **Country** **U.S.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VARGAS, ALFONSO C
1810 WELTIN ST
ORLANDO FL 32803

Name **Vargas, Alfonso C.**
Street Address (P.O. Box Number is Not Acceptable)
5300 Lazy Oaks Ln.
City **Orlando** **FL** **Zip Code** **32839**

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 **President**

4/22/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **VARGAS, ALFONSO C**
STREET ADDRESS **1810 WELTIN STREET**
CITY-ST-ZIP **ORLANDO FL**

TITLE **PD** ☒ **Change** ☐ **Addition**
NAME **VARGAS, ALFONSO C**
STREET ADDRESS **5300 Lazy Oaks Ln.**
CITY-ST-ZIP **Orlando FL 32839**

TITLE **S** ☐ **Delete**
NAME **VARGAS, KILSY J**
STREET ADDRESS **1810 WELTIN STREET**
CITY-ST-ZIP **ORLANDO FL**

TITLE **S** ☒ **Change** ☐ **Addition**
NAME **VARGAS, KILSY J**
STREET ADDRESS **5300 Lazy Oaks Ln.**
CITY-ST-ZIP **Orlando FL 32839**

TITLE ☐ **Delete**
NAME
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

Date

407-854-9977

Daytime Phone #

CR2E034 (10/02)