

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90011 043 ***150.00

DOCUMENT # P96000056469

1. Entity Name
VAN SANGAS ENTERPRISES, INC.

Principal Place of Business
**1582 S.E. NIEMEYER CIRCLE
 PORT ST. LUCIE FL 34952**

Mailing Address
**1582 S.E. NIEMEYER CIRCLE
 PORT ST. LUCIE FL 34952**

2. Principal Place of Business

3. Mailing Address

1572 S.E. Niemyer Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port St Lucie, FL

4. FEI Number **65-0691909**

Applied For

Not Applicable

Zip

Country

Zip

Country

34952

St Lucie

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

**SANGAS, VAN
 1582 S.E. NIEMEYER CIRCLE
 PORT ST. LUCIE FL 34952**

Name

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

City

FL

Zip Code

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 **VAN SANGAS**

(NOTE: Registered Agent signature required when reinstating)

DATE

2.15.01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
D
 NAME **SANGAS, VAN**
 STREET ADDRESS **1582 S.E. NIEMEYER CIRCLE**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/01 561 335.1526

CR2E034 (10/00)