

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90032 011 ***158.75

0362983 AV

DOCUMENT # P96000061460

1. Entity Name

VEGA & SONS TREE FARM, INC.

Principal Place of Business

**12604 BUCKLAND COURT
WEST PALM BEACH FL 33414**

Mailing Address

**12604 BUCKLAND COURT
WEST PALM BEACH FL 33414**

2. Principal Place of Business

1054 "B" ROAD

Suite, Apt. #, etc.

3. Mailing Address

1054 "B" ROAD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Loxahatchee, FL.

Zip **33470**

Country **USA**

City & State

Loxahatchee, FL.

Zip **33470**

Country **USA**

4. FEI Number

65-0688821

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VEGA, BRENDA W

12604 BUCKLAND COURT

WEST PALM BEACH FL 33414

7. Name and Address of New Registered Agent

Name **Jose A. VEGA**

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

1054 "B" ROAD

City

Loxahatchee, FL

FL

Zip Code

33470

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

Jose A. VEGA **Jose A. VEGA, President**

3-8-02

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, 2002 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 **PD** ☒ Delete
NAME **VEGA, BRENDA W**
STREET ADDRESS **12604 BUCKLAND COURT**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE **VP** ☐ Delete
NAME **VEGA, JOSE A**
STREET ADDRESS **12604 BUCKLAND STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE **T** ☒ Delete
NAME **VEGA, JAUIER**
STREET ADDRESS **12604 BUCKLAND STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE **S** ☒ Delete
NAME **VEGA, LEONARDO**
STREET ADDRESS **12604 BUCKLAND STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PD/NP/T/S** ☒ Change ☐ Addition
NAME **VEGA, JOSE A.**
STREET ADDRESS **1054 "B" ROAD**
CITY-ST-ZIP **Loxahatchee, FL. 33470**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Jose A. VEGA **Jose A. VEGA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-02

Date

(561) 795-5977

Daytime Phone #

CR2E034 (9/01)