

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90490 031 ***150.00

DOCUMENT # P97000000566

1. Entity Name
VEGEPICK, INC.

Principal Place of Business

**1231 NE 141ST ST
 MIAMI FL 33161**

Mailing Address

**1231 NE 141ST ST
 MIAMI FL 33161**

2. Principal Place of Business

14545 NE 3 CT

3. Mailing Address

14545 NE 3 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL 33161-2138

City & State
MIAMI, FL 33161-2138

4. FEI Number **65-0722722**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**BONTEMPS, ODELENE
 11231 NE 141ST ST
 MIAMI FL 33161**

Name

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

14545 NE 3 CT

City
MIAMI

FL

Zip Code
33161-2138

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **ODELENE, BONTEMPS**
 STREET ADDRESS **11231 NE 141ST ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **14545 NE 3 CT**
 CITY-ST-ZIP **MIAMI, FL 33161-2138**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

ODELENE BONTEMPS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03

Date

Daytime Phone #