## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 06, 2002 8:00 am Secretary of State P97000014108 DOCUMENT # 1. Entity Name 05-06-2002 90101 027 \*\*\*158.75 VANGUARD INTERNATIONAL ENTERPRISES INC. Principal Place of Business Mailing Address 6777 71ST ST NORTH 6777 71ST ST NORTH ը սսսսա։ -PINELLAS PARK, FL FL 33781 PINELLAS PARK, FL FL 33781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3500566 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired \_\_ -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PINA, EMMANUEL O Street Address (P.O. Box Number is Not Acceptable) 6777 71ST ST NORTH PINELLAS PARK, FL FL 33781 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAM! PINA. EMMANUEL O NAME STREET ADDRESS 6777 71ST ST NORTH STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL FL 33781 CITY-ST-ZIP TITI F ☐ Delete Change | ☐ Addition NAME Pina, nellie e NAME STREET ADDRESS **6777 71ST ST NORTH** STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL FL 33781 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TS NAME NAME MOORE, ELIZABETH A STREET ADDRESS STREET ADDRESS **6777 71ST ST NORTH** CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK, FL FL 33781 Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-76 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

19 APRILOZ 727-541-3385

Daytime Ph

**FILED**