

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030498

1. Entity Name

VANGUARD TECHNOLOGIES, INC.

FILED

May 11, 2000 8:00 am  
Secretary of State

05-11-2000 90107 001 \*\*\*300.00

Principal Place of Business

8405 SW 53RD STREET  
STE C-105  
MIAMI FL 33166  
US

Mailing Address

8405 SW 53RD STREET  
STE C-105  
MIAMI FL 33166-4511  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0745521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOROS, CARLOS  
8405 NW 53RD STREET  
SUITE A-100  
MIAMI FL 33166

7. Name and Address of New Registered Agent

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

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, 2000 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          | D                                 | <input type="checkbox"/> Delete |
| NAME           | MOROS, CARLOS                     |                                 |
| STREET ADDRESS | 8405 NW 53RD ST., STE. A-100      |                                 |
| CITY-ST-ZIP    | MIAMI FL 33166                    |                                 |
| TITLE          | D                                 | <input type="checkbox"/> Delete |
| NAME           | GUTIERREZ, ELIECER                |                                 |
| STREET ADDRESS | B-405 NW 53RD STREET, SUITE A-100 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33160                    |                                 |
| TITLE          | D                                 | <input type="checkbox"/> Delete |
| NAME           | OSWALDO, LALEE                    |                                 |
| STREET ADDRESS | B-405 NW 53RD STREET, SUITE A-100 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33166                    |                                 |
| TITLE          | D                                 | <input type="checkbox"/> Delete |
| NAME           | MONROY, NELSON                    |                                 |
| STREET ADDRESS | B-405 NW 53RD STREET, SUITE A-100 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33166                    |                                 |
| TITLE          |                                   | <input type="checkbox"/> Delete |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> Delete |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*SIGNATURE: Carlos Moros*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/26/2000

Daytime Phone #

(305) 640-0637

CR2E034 (9/99)