

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087368

1. Entity Name
VA COMMUNICATIONS, INC.

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90072 019 ***150.00

0037642 AV

Principal Place of Business
1142 WESTON RD
WESTON, FL 33326

Mailing Address
16658 GOLFVIEW DR.
FT. LAUDERDALE, FL 33326



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0787939		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

VA, MIGUEL
16658 GOLFVIEW DR.
FT LAUDERDALE FL 33326

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VA, MIGUEL			NAME			
STREET ADDRESS	16658 GOLFVIEW DR.			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33326			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VA, DANIEL			NAME			
STREET ADDRESS	16658 GOLFVIEW DR.			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33326			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VA, DAVID			NAME			
STREET ADDRESS	16658 GOLFVIEW DR.			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33326			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VA, DARIO			NAME			
STREET ADDRESS	16658 GOLFVIEW DR.			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33326			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02 (325) 2190413
Date Daytime Phone #

CR2E034 (9/01)