

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090287

1. Entity Name

VEGITEC, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90116 001 ***750.00

Principal Place of Business Mailing Address
1591 EAST ATLANTIC BLVD. 1591 EAST ATLANTIC BLVD.
POMPANO BEACH FL 33060 POMPANO BEACH FL 33060-6748

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
INTERNATIONAL COMPANY SERVICES (USA) INC.
1591 EAST ATLANTIC BLVD.
POMPANO BEACH FL 33060
7. Name and Address of New Registered Agent
Name Carlton Management, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1591 East Atlantic Blvd.
Suite 200
City Pompano Beach, FL Zip Code 33060

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]* (NOTE: Registered Agent signature required when reinstating)
DATE 4/15/00

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DEBROSKEY, HARRY 1591 E. ATLANTIC BOULEVARD POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE 4/14/00 DAYTIME PHONE # 954-943-1498

CR2E034 (9/99)