

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90138 001 ***900.00

DOCUMENT # P97000090287

1. Entity Name
VEGITEC, INC.

Principal Place of Business
**1591 EAST ATLANTIC BLVD.
 POMPANO BEACH FL 33060**

Mailing Address
**1591 EAST ATLANTIC BLVD.
 POMPANO BEACH FL 33060**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

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

**CARLTON MANAGEMENT INC
 1591 EAST ATLANTIC BLVD.
 SUITE 200
 POMPANO BEACH FL 33060**

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, 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 ☐ Delete
 NAME **PST**
 STREET ADDRESS **DEBROSKEY, HARRY**
 CITY-ST-ZIP **1591 E. ATLANTIC BOULEVARD
 POMPANO BEACH FL 33062**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 NAME
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

Daytime Phone #

CR2E034 (9/01)

Bakerjian & Associates, LLC
1591 East Atlantic Blvd, Suite 200
Pompano Beach, FL 33060
Telephone 954-943-1498 Fax 954-943-1499

March 25, 2002

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Overnight Mail
#EL 948448821 US

Reference: COMPANY RENEWALS (6 Enclosed)

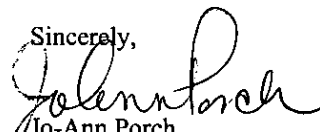
Dear Sir or Madam,

Enclosed please find our check #1246 drawn on the account of Bakerjian & Assoc. in the amount of \$900.00 payable to Florida Dept. of State. Please credit the following 6 companies.

➤ ADDISON AVIATION, INC	Doc #P99000104255	\$150.00
➤ AGROPRODIMPEX CORP.	Doc #P99000026205	\$150.00
➤ AINSWORTH HOLDING, INC.	Doc #F01000005406	\$150.00
➤ KIRPAN, INC	Doc #P01000054714	\$150.00
➤ OASIS (MIAMI) INC.	Doc #P00000046546	\$150.00
➤ VEGITEC, INC.	Doc #P97000090287	\$150.00

I trust this is in order, if you have any questions please contact me at the above number.

Sincerely,


Jo-Ann Porch
Accounting Dept.