

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90436 019 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country
4. FEI Number	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
☒ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent CARLTON MANAGEMENT INC 1591 EAST ATLANTIC BLVD. SUITE 200 POMPANO BEACH, FL 33060	
7. Name and Address of New Registered Agent Name Fencon, LLC Street Address (P.O. Box Number is Not Acceptable) 1591 E. Atlantic Blvd #200 City Pompano Beach FL 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ DATE _____ (Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent's signature required when registering)	
FILE NOW!!! FEE IS \$150.00. After May 1, 2003 Fee will be \$550.00. Make Check Payable to Florida Department of State	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
PST DEBROSKEY, HARRY 1591 E. ATLANTIC BOULEVARD POMPANO BEACH, FL 33062	PST Michael Bakerjian 1591 E. Atlantic Blvd. #200 Pompano Beach, FL 33060
☒ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: _____ DATE: 2/4/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CF2E034 (10/02)