

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 13, 2001 8:00 am**
Secretary of State

02-13-2001 90002 032 ***150.00

DOCUMENT # P97000097062

1. Entity Name

VARGAS CARPENTRY, INC.

Principal Place of Business

**6573 BAYFRONT DRIVE
MARGATE FL 33063**

Mailing Address

**6573 BAYFRONT DRIVE
MARGATE FL 33063**

2. Principal Place of Business

6573 Bayfront Dr

Suite, Apt. #, etc.

3. Mailing Address

6573 Bayfront Dr

Suite, Apt. #, etc.

City & State

Margate Florida

City & State

Margate FL

Zip

33063

Country

U.S.A

Zip

33063

Country

U.S.A

4. FEI Number

65-0791699**65-0791699**☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VARGAS, JOSE
6573 BAYFRONT DRIVE
MARGATE FL 33063**

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P			
	VARGAS, JOSE			
	6573 BAYFRONT DRIVE			
	MARGATE FL 33063			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **José Vargas**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**02-06-2001**

Date

Daytime Phone #

CR2E034 (10/00)