

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104951

1. Entity Name

VAST HOLDINGS INC.

FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90004 020 ***550.00

Principal Place of Business

2550 NW 72ND AVE
312
MIAMI FL 33122

Mailing Address

2550 NW 72ND AVE
312
MIAMI FL 33122

A0073631

2. Principal Place of Business

8119 NW 33rd Street

3. Mailing Address

8119 NW 33rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

City & State

MIAMI

4. FEI Number

65-0800054

Applied For

Not Applicable

Zip

Country

33122

USA

Zip

Country

33122

USA

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

MORAES, FABIO DE
8837 SW 214 ST
MIAMI FL 33189

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

FABIO DE MORAES

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/12/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MORAES, FABIO D
8837 SW 214 ST.
MIAMI FL 33189 ☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/01

305-418-4455

Date

Daytime Phone #

CR2E034 (10/00)