

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90482 005 ***150.00

DOCUMENT # P97000104951

1. Entity Name
VAST HOLDINGS INC.



Principal Place of Business
**8119 NW 33RD ST
MIAMI FL 33122**

Mailing Address
**8119 NW 33RD ST
MIAMI FL 33122**

2. Principal Place of Business

5201 BLUE LAGOON DR.

3. Mailing Address

5201 BLUE LAGOON DRIVE

Suite, Apt. #, etc.

8TH FLOOR

Suite, Apt. #, etc.

8TH FLOOR

City & State

MIAMI

City & State

FLORIDA

Zip

Country

33126

USA

Zip

Country

33126

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0800054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORAES, FABIO DE
8837 SW 214 ST
MIAMI FL 33189**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MORAES, FABIO D	
STREET ADDRESS	8837 SW 214 ST.	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CANDELORN, JOSE	
STREET ADDRESS	8837 SW 214 ST	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MORAES, JOYCE	
STREET ADDRESS	8837 SW 214 ST	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-03 305-418-4455

Date Daytime Phone #

CR2E034 (10/02)