

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90078 036 ***158.75

DOCUMENT # P98000055995

1. Entity Name
VACO PROPERTY MANAGEMENT, INC.

Principal Place of Business

~~13800 S.W. 8TH ST~~
~~#188~~
MIAMI FL 33184

Mailing Address

~~13800 S.W. 8TH ST~~
~~#188~~
MIAMI FL 33184

2. Principal Place of Business

2820 SW 142 AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Suite, Apt. #, etc.

Zip

33175

Country

USA

Zip

Country

4. FEI Number **65-0840933**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, ISABEL

~~13800 S.W. 8TH ST~~

~~#188~~

MIAMI FL 33184

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2820 SW 142 AVE

City

MIAMI

FL

Zip Code

33175

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

Isabel Vazquez

1/18/02

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

TITLE **P**
NAME **VAZQUEZ, ISABEL**
STREET ADDRESS ~~13800 SW 8 ST., #188~~
CITY-ST-ZIP **MIAMI FL 33184**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

2820 SW 142 AVE
Miami, FL 33175

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ 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

Date

1/18/02

Daytime Phone #

0292345 AV

CR2E034 (9/01)