2003 FOR PROFIT CORPORATION

Mailing Address

MIAMI FL 33155

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

#49

4300 SW 67TH AVE

UNIFORM BUSINESS REPORT (UBR P98000098013 DOCUMENT # 1. Entity Name VASQUEZ SALES SERVICES, INC.

Principal Place of Business

2. Principal Place of Business

Country

Suite, Apt. #, etc.

City & State

Zip

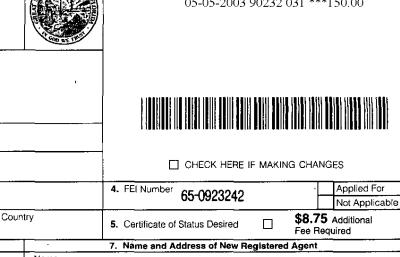
4300 SW 67TH AVE

MIAMI FL 33155

#49



05-05-2003 90232 031 ***150.00



	6. Name and Address of Current Register	ed Agent .		7. Name and Address of New Registered Agent			
			Name				
VASQUEZ, FRANCISCO D			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
4300 SW 67TH AVE			Sileet Address	Street Address (1.0. Dox Number is Not Acceptable)			
#49					•		
MIAMI FL 33155			City		Zip Code	<u> </u>	
	·		City	FI	- Zip Cock		
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 Added	May Be to Fees	
10.	OFFICERS AND DIRECTO	PRS	11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASQUEZ, FRANCISCO D 4300 SW 67TH AVE #49 MIAMI FL 33155	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change .	Addition	
TITLE	The second secon	☐ Delete	TITLE	دو د نیدن در این مخارد	Change	Addition	

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Сhange TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 region to 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 eceiver of trusted impowered 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 attach

Date Daytime Phone #