

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010656

1. Entity Name

DE LA VEGA GROUP SERVICES, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90026 001 ***163.75

715650



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2237 SOUTHWEST 11TH STREET
MIAMI FL 33135

2237 SOUTHWEST 11TH STREET
MIAMI FL 33135-4905

2. Principal Place of Business

8005 Lake Dr.

3. Mailing Address

8005 Lake Dr.

Suite, Apt. #, etc.

#303

Suite, Apt. #, etc.

#303

City & State

Miami Florida

City & State

Miami Florida

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0891534

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PSTD
NAME DE LA VEGA, MANUEL E
STREET ADDRESS 2237 SOUTHWEST 11TH STREET
CITY-ST-ZIP MIAMI FL 33135

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change

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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:

Manuel E. De la Vega

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-27-00 786-236-0995

Date

Daytime Phone #