

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90129 022 ***150.00

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DOCUMENT # P99000020224

1. Entity Name
V.A.C.C. CORPORATION



Principal Place of Business
1051 S UNIVERSITY DRIVE
STE A
PLANTATION FL 33324

Mailing Address
1051 S UNIVERSITY DRIVE
STE A
PLANTATION FL 33324

11029429



2. Principal Place of Business

5001 S University Dr

Suite, Apt. #, etc.

K

City & State
Davie

Zip
33328

Country
USA

3. Mailing Address

5001 S University Dr

Suite, Apt. #, etc.

K

City & State
Davie

Zip
33328

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0904361

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OCHOA, CARLOS
10515 UNIVERSITY DRIVE
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
Mark A Bernstein CPA, PA
Street Address (P.O. Box Number is Not Acceptable)
5001 S University Dr #K
City
Davie
FL
Zip Code
33328

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

4-23-03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
OCHOA, CARLOS
1051 S UNIVERSITY DR # A
PLANTATION FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Ochoa, Carlos
5001 S University Dr #K
Davie FL 33328 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 line empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/03 (954) 385-1452

Date

Daytime Phone #

CR2E034 (10/02)