

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91406 006 ***150.00

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DOCUMENT # P99000031198

1. Entity Name
VANGUARDIA, INC.



Principal Place of Business
7150 NW 51 ST
MIAMI FL 33166

Mailing Address
17944 SW 29 CT
MIRAMAR FL 33029

2. Principal Place of Business

3. Mailing Address

7150 NW 51 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

Zip

Country

Zip

33166

Country

4. FEI Number

65-0933558

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACEDO, CARLOS
9745 MILLER DR
MIAMI FL 33165

Name

ROSALBA BALLESTEROS

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

7150 NW 51 ST

City

MIAMI FL

FL

Zip Code

33166

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

Rosalba Ballesteros

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	DS BALLESTEROS, SANDRA	☐ Delete
STREET ADDRESS	17944 S.W. 29 CT.	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE NAME	DPT BALLESTEROS, ROSALBA	☐ Delete
STREET ADDRESS	17944 SW 29 CT	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE NAME	DVP BALLESTEROS, OTTO	☒ Delete
STREET ADDRESS	17944 SW 29 CT	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	DS BALLESTEROS SANDRA	☒ Change ☐ Addition
STREET ADDRESS	7150 NW 51 ST	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE NAME	DPT BALLESTEROS ROSALBA	☒ Change ☐ Addition
STREET ADDRESS	7150 NW 51 ST	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
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:

Rosalba Ballesteros

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/03

Date

Daytime Phone #

CR2E034 (10/02)