

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075541

1. Entity Name

VANGUARD COMMODITY SERVICES, INC.

FILED

Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90170 033 ***150.00

448277 AV
448277 AV

Principal Place of Business
201 SE 15TH TERR
#206
DEERFIELD BEACH FL 33441
US

Mailing Address
P O BOX 24084
OAKLAND PARK FL 33307

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.
256 Covington Drive
FORT LAUDERDALE

Suite, Apt. #, etc.

City & State

FLA 33308

City & State

Zip 33308

Country USA

Zip

Country

4. FEI Number 65-0945322

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEDER, GARY A ESQ
1701 W HILLSBORO BLVD 302
DEERFIELD BEACH FL 33442

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME DIERKES, MICHAEL J
STREET ADDRESS 256 COVINGTON DR
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 256 Covington Drive

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Michael J. Dierkes* 3/20/2002 954/569/4024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)