

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S95509

1. Entity Name
NELAZ RANÇH, CORPORATION

Principal Place of Business

**NELAZ RANÇH CORP
R.T.I. BOX 303
QUINCY FL 32351
US**

Mailing Address

**7545 SW. 79TH COURT
MIAMI FL 33143
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**VEGA, LAZARO J.
7545 SW 79 CT
MIAMI FL 33143**

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.

(NOT)

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!
After MAY 1, 2001
Fee IS \$150.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	VEGA, LAZARO J.	
STREET ADDRESS	7545 SW 79 CT	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VEGA, NELSON M.	
STREET ADDRESS	8261 SW 58 ST	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lazaro Vega

Date

Daytime Phone #

FILED
May 31, 2001 8:00 am
Secretary of State

05-31-2001 90137 001 *****8.75
05-31-2001 90137 002 ***550.00

73872



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0300240** ☐ Applied For ☐ Not Applicable

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

CR2E034 (10/00)

5/28/01 **(305) 5986279**