

2001 UNIFORM BUSINESS REPORT (UBR)

0087911

DOCUMENT # V37768

1. Entity Name

VEGA MANAGEMENT, INC.

FILED

01 MAY -3 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

606 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009

Mailing Address

606 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0335585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VEGA, MANUEL
5001 UNIVERSITY DR.
SUITE C
DAVIE FL 33328

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, 2001 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 PD ☐ Delete
NAME VEGA, MANUEL
STREET ADDRESS 5001 UNIVERSITY DR. #C
CITY-ST-ZIP DAVIE FL

TITLE ☐ Change ☐ Addition
NAME 400004220694--2
STREET ADDRESS -05/16/01--01113--004
CITY-ST-ZIP *****150.00 *****150.00

TITLE VD ☐ Delete
NAME VEGA, LUISA M.
STREET ADDRESS 5001 UNIVERSITY DR. #C
CITY-ST-ZIP DAVIE FL

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

TITLE ST ☐ Delete
NAME VEGA, LUISA M.
STREET ADDRESS 5001 UNIVERSITY DR. #C
CITY-ST-ZIP DAVIE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 is 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 VEGA - Manuel VEGA - Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/01

Date

954-454-5982

Daytime Phone #

CR2E034 (10/00)