

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Jun 19, 2001 8:00 am
Secretary of State

03-12-2001 90483 011 ***150.00

DOCUMENT # P97000030498

1. Entity Name
VANGUARD TECHNOLOGIES, INC.

| | |
|---|---|
| Principal Place of Business 8405 SW 53RD STREET STE C-105 MIAMI FL 33166 US | Mailing Address 8405 SW 53RD STREET STE C-105 MIAMI FL 33166 US |
|---|---|

| | |
|---|--|
| 2. Principal Place of Business 8200 N.W. 52 Terr | 3. Mailing Address 8200 N.W. 52 Terr. |
| Suite, Apt. #, etc. SUITE 100 | Suite, Apt. #, etc. SUITE 100 |

| | |
|--------------------------|--------------------------|
| City & State Miami FL | City & State Miami FL |
| Zip 33166 | Country USA |
| Zip 33166 | Country USA |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOROS, CARLOS
 8405 NW 53RD STREET
 SUITE A-100
 MIAMI FL 33166

4. FEI Number **65-0745521**

Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name **CARLOS MOROS**

Street Address (P.O. Box Number is Not Acceptable)
8200 N.W. 52nd Terr. Suite 100

City **Miami 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.

SIGNATURE *Carlos Moros* DATE 2/27/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOROS, CARLOS 8405 NW 53RD ST., STE. A-100 MIAMI FL 33166 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GUTIERREZ, ELIECER 8-405 NW 53RD STREET, SUITE A-100 MIAMI FL 33160 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OSWALDO, LALEE 8-405 NW 53RD STREET, SUITE A-100 MIAMI FL 33166 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MONROY, NELSON 8-405 NW 53RD STREET, SUITE A-100 MIAMI FL 33168 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SWAN BUSINESS SERVICES 8405 N.W. 53 ST. C-105 Miami, FL 33166 SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Carlos Moros* DATE: 2/27/01 (305) 499-9622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/00)