

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000018**

1. Entity Name

VERTILUX LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY - 1 PM 1:33



Principal Place of Business

8953 N.W. 23RD STREET
MIAMI FL 33172

Mailing Address

C/O RICHARDS
2665 S BAYSHORE DR #703
MIAMI FL 33133-5401

2. Principal Place of Business

7300 NW 35th Terrace

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33122

Country

USA

Country

4. FEI Number

65-0540437

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WORLD CORPORATE SERVICES, INC.
2665 SOUTH BAYSHORE DRIVE
SUITE 703
MIAMI FL 33133**

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. Capital Contributions as Shown on record.

\$99,100.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P95000000731**
NAME **VERTILUX MANAGEMENT, INC.**
STREET ADDRESS **8953 NORTHWEST 23RD STREET**
CITY - ST - ZIP **MIAMI FL 33172**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **7300 NW 35th Terrace**
CITY - ST - ZIP **Miami, Florida 33122**

STREET ADDRESS **100003280031--7**
CITY - ST - ZIP **-06/15/00--01004--004**
*****3440.00 ****526.25**

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP

STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE OF GENERAL PARTNER** **3/24/2000** **305 5937474**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2 (1/19)