


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0015962

DOCUMENT # L00000003231

1. Entity Name
V-HA.COM, LC



FILED
03 OCT 28 PM 5:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**1061 E. INDIANTOWN RD., SUITE 416
JUPITER FL 33477**

Mailing Address
**1061 E. INDIANTOWN RD., SUITE 416
JUPITER FL 33477**



2. Principal Place of Business
7149 SE RIVERS EDGE ST.

3. Mailing Address
P.O. Box 2169

Suite, Apt. #, etc.

10/28 CHECK HERE IF MAKING CHANGES
2003

City & State
JUPITER FL

City & State
JUPITER FL

Zip
33458

Country
MARTIN

Zip
33468

Country
PALM BEACH

4. FEI Number **65-0991807**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**GIUSTO, SALVATORE C
1061 E. INDIANTOWN RD., SUITE 416
JUPITER FL 33477**

7. Name and Address of New Registered Agent

Name
JOSEPH A. STRAUSS

Street Address (P.O. Box Number is Not Acceptable)
7149 SE RIVERS EDGE ST.

City
JUPITER

State
FL

Zip Code
33458

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANLEY, MICHAEL 17831 MELLE LANE JUPITER FL 33478 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DINZIK, DOUGLAS 18280 S.E. RIDGEVIEW DR. TEQUESTA FL 33469 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVOCHT, STEFAN 11463 SUNDANCE LN BOCA RATON FL 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAISER, GERALD 44 BACON RD. OLD WESTBURY NY 11568 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITFIELD, TIMOTHY 5000 N. OCEAN BLVD., APT. 207 FT. LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORCORAN, JAMES 19 GOODWOOD ROAD NORTH HAVEN NY 11963 <input checked="" type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRISTOPHER WRBA DIRECTOR 3060 TOTIKA COUS LONGWOOD, FL 32719 <input type="checkbox"/> Change <input checked="" 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	600024203746 10/28/03--01042--001 **150.00 <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	REINSTATEMENT 2003 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: **10-16-03** Daytime Phone #: **(561) 545-0505**

CR2E083 (4/03)