2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State
03-07-2002 90029 015 ***150.00

DOCUMENT # P01000038379

1. Entity Name
VERMATI INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134	901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1155 BRICKELL BAY DR.	1155 BRICKELL BAY DR.
Suite, Apt. #, etc.: APT. 2406	Suite, Apt. #, etc.: APT. 2406
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33131 Country: U.S.A	Zip: 33131 Country: U.S.A

4. FEI Number: 65-1104377 ☐ 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
ALBORNOZ, WILLIAM H. ESQ. 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134	Name: JUANA MOLINAH Street Address (P.O. Box Number is Not Acceptable): 1155 BRICKELL BAY DR. #2406 City: MIAMI FL Zip Code: 33131

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 _____ DATE
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. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROATTO SERRA, SUSANA LUCIA 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: _____ SUSANA LUCIA CROATTO SERRA DIRECTOR 2/11/02 305-304-4232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FILE REQUIRED

CR2E034 (9/01)

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