

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90143 030 ***150.00

DOCUMENT # P96000028459

1. Entity Name

VARIABLE OPERATIONS USA, INC.

Principal Place of Business

Mailing Address

**4781 NORTH CONGRESS AVENUE, SUITE 214
 LANTANA FL 33462**

**4781 NORTH CONGRESS AVENUE, SUITE 214
 LANTANA FL 33462**

2. Principal Place of Business

4781 NTH CONGRESS AVE

3. Mailing Address

4781 NTH CONGRESS AVE

Suite, Apt. #, etc.

PMB 214

Suite, Apt. #, etc.

PMB 214

City & State

BOYNTON BEACH FL

City & State

BOYNTON BEACH FL

Zip

33426

Country

PALM BEACH

Zip

33426

Country

PALM BEACH



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0655268

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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. 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, 2000 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	<input type="checkbox"/> Delete
PD	WILKINSON, TREVOR J	11 HAWTHORNE LANE	BOYNTON BEACH FL 33462 33426	<input type="checkbox"/>
STVD	NOCK, GEOFFREY J	11 HAWTHORNE LANE	BOYNTON BEACH FL 33462 33426	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

WAT GEOFFREY NOCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-00

Date

561-964-6222

Daytime Phone #

CR2P034 (9/99)