

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90186 045 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000079947 1. Entity Name VEROJIM, INC		 80087855	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1750 NE 191 ST Suite, Apt. #, etc. D 507 City & State NORTH MIAMI BEACH, FL Zip 33179		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 65-1130009		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		7. Name and Address of Current Registered Agent Name VERONICA M. JIMENEZ Street Address (P.O. Box Number is Not Acceptable) 1750 NE 191 ST / #D 507 City NORTH MIAMI BEACH, FL Zip Code 33179	
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 Signature, typed over or in name of registered agent, and title, if applicable. 04-16-2003 DATE (NOTE: Registered Agent signature required when renouncing.)			
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE	P VERONICA M. JIMENEZ	TITLE	[REDACTED]
NAME	VERONICA M. JIMENEZ	NAME	[REDACTED]
STREET ADDRESS	1750 NE 191 ST/D 507	STREET ADDRESS	[REDACTED]
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	CITY-ST-ZIP	[REDACTED]
TITLE	S LUCAS O. MARTOS	TITLE	[REDACTED]
NAME	LUCAS O. MARTOS	NAME	[REDACTED]
STREET ADDRESS	1750 NE 191 ST/D 507	STREET ADDRESS	[REDACTED]
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	CITY-ST-ZIP	[REDACTED]
TITLE		TITLE	[REDACTED]
NAME		NAME	[REDACTED]
STREET ADDRESS		STREET ADDRESS	[REDACTED]
CITY-ST-ZIP		CITY-ST-ZIP	[REDACTED]
TITLE		TITLE	[REDACTED]
NAME		NAME	[REDACTED]
STREET ADDRESS		STREET ADDRESS	[REDACTED]
CITY-ST-ZIP		CITY-ST-ZIP	[REDACTED]
TITLE		TITLE	[REDACTED]
NAME		NAME	[REDACTED]
STREET ADDRESS		STREET ADDRESS	[REDACTED]
CITY-ST-ZIP		CITY-ST-ZIP	[REDACTED]
12. 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04-16-2003 DATE	

CR2E034B (12/02)