## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # 515488** VARA DEVELOPMENT, INC. 01-29-2001 90106 029 \*\*\*150.00 Principal Place of Business Mailing Address 1201 19TH PLACE 505 BREACHLAND BLVD. VERO BEACH FL 32960 SHITE 1-179 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address AND REACH Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2768442 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VARA, CARMEN Street Address (P.O. Box Number is Not Acceptable) 505 BEACHLAND BLVD. **SUITE 1-179** VERO BEACH FL 32963 City Zip Code FL 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 FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PDSD TITLE Delete TITLE Change ☐ Addition VARA, CARMEN NAME NAME STREET ADDRESS 505 BEACHLAND BLVD., 1-179 STREET ADDRESS CITY-ST-ZIF VERO BEACH FL 32963 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: SNATURE AND TYPED OF PRINTED WARE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #