

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751982

1. Entity Name

VERBUM, INC.

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90031 016 ****61.25

Principal Place of Business

Mailing Address

PO BOX 654305
MIAMI FL 33265
US

PO BOX 654305
MIAMI FL 33265
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2013491

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

DEL VALLE, IGNACIO G
2333 PONCE DE LEON BLVD
SUITE 650
CORAL GABLES FL 33134

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MADERAL, LUIS**
CITY-ST-ZIP **6750 S.W. 104TH STREET**
MIAMI FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **DELEON, JORGE G.**
CITY-ST-ZIP **10820 S.W. 67TH DRIVE**
MIAMI FL 33173

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **DEL VALLE, IGNACIO G.**
CITY-ST-ZIP **7955 SW 108TH STREET**
MIAMI, FL 00000 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **DIEPPA, EDUARDO E**
CITY-ST-ZIP **13910 SW 28 ST**
MIAMI, FL 00000 33175

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **SOLIS, JOSE A**
CITY-ST-ZIP **9800 SW 128 ST**
MIAMI, FL 00000 33176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **SANTOS, RAMON**
CITY-ST-ZIP **8851 SW 82ND AVENUE**
MIAMI, FL 00000 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EdUARDO Dieppa
EDUARDO Dieppa

Date

Daytime Phone #

TD 2/11/02

(305)
818-7937

CR2E037 (9/01)