

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90052 021 \*\*\*150.00

**DOCUMENT # F00000002048**

1. Entity Name  
**VERCADO, INC.**

Principal Place of Business  
**600 BRICKELL AVE., SUITE 300E**  
**MIAMI FL 33131**

Mailing Address  
**600 BRICKELL AVE., SUITE 300E**  
**MIAMI FL 33131**

**924180**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1688 Meridian Ave.**  
 Suite, Apt. #, etc.  
**416**

3. Mailing Address  
**1688 Meridian Ave.**  
 Suite, Apt. #, etc.  
**416**

City & State  
**Miami Beach, FL**  
 Zip  
**33139**  
 Country  
**USA**

City & State  
**Miami Beach, FL**  
 Zip  
**33139**  
 Country  
**USA**

4. FEI Number **APPLIED FOR**  
**65-0997853**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**ALVAREZ, VICTOR M**  
**200 S. BISCAYNE BLVD., SUITE 4900**  
**MIAMI FL 33131**

## 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, 2001 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	<b>CP</b> <b>LEVY, VICTOR P</b> <b>600 BRICKELL AVE., SUITE 300E</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CLEMENS, LUIS</b> <b>600 BRICKELL AVE., SUITE 300E</b> <b>MIAMI FL 33131</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KING, FRED</b> <b>600 BRICKELL AVE., SUITE 300E</b> <b>MIAMI FL 33131</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>JENKINS, GREG</b> <b>600 BRICKELL AVE., SUITE 300E</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President and CEO</b> <b>1688 Meridian Ave., Suite 416</b> <b>Miami Beach, FL 33139</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Executive Vice President and Secretary</b> <b>1688 Meridian Ave., Suite 416</b> <b>Miami Beach, FL 33139</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director of Operations</b> <b>Carlos Mariaca, Carlos E.</b> <b>1688 Meridian Ave., Suite 416</b> <b>Miami Beach, FL 33139</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Victor Levy**

**Feb. 9, 2001**

Date

**305-534-6557**

Daytime Phone #

CR2E034 (10/00)