

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000013

1. Entity Name

VIRTUAL SIGNS COMPANY, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -5 AM 11:02

Principal Place of Business

625 NORTH FLAGLER DR., 9TH FL
WEST PALM BEACH FL 33401

Mailing Address

625 NORTH FLAGLER DR., 9TH FL
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1006598

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIENER, HOWARD J

625 NORTH FLAGLER DRIVE, 9TH FL
WEST PALM BEACH FL 33401

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 \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete

NAME Victor A. Salas, MGR
STREET ADDRESS 201 N.W. 35th Court
CITY-ST-ZIP Oakland Park, FL 33309

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME Luis Quintero, MGR
STREET ADDRESS 4560 Belvedere Road, Apt. #1
CITY-ST-ZIP West Palm Beach, FL 33415

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME Linda J. Pearce, MGR
STREET ADDRESS 1100 Gator Trail
CITY-ST-ZIP West Palm Beach, FL 33409

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

8-1-2000

Date

Daytime Phone #

CR2E083 (5/00)