

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90130 030 \*\*\*\*50.00

**DOCUMENT # L000000000013**

1. Entity Name

**VIRTUAL SIGNS COMPANY, LLC**

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

**1551 Forum Place**

3. Mailing Address

**1551 Forum Place**

Suite, Apt. #, etc.

**Building 200**

Suite, Apt. #, etc.

**Building 200**

City & State

**West Palm Beach, FL**

City & State

**West Palm Beach, FL**

Zip

**33401**

Country

**USA**

Zip

**33401**

Country

**USA**

4. FEI Number

**65-1006598**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**WIENER, HOWARD J**

~~700 S. FEDERAL HIGHWAY, SUITE 200~~

~~BOCA RATON FL 33432~~

7. Name and Address of New Registered Agent

Name

**Howard J. Wiener**

Street Address (P.O. Box Number is Not Acceptable)

**1551 Forum Place**

**Building 200**

City

**West Palm Beach**

**FL**

Zip Code

**33401**

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)

**4/30/02**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **WIENER, HOWARD J**  
 STREET ADDRESS ~~700 S. FEDERAL HIGHWAY, SUITE 200~~  
 CITY-ST-ZIP ~~BOCA RATON FL 33432~~

TITLE **MGR** ☐ Delete  
 NAME **QUINTERO, LUIS**  
 STREET ADDRESS **4560 BELVEDERE ROAD, APT. #1**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **MGR** ☐ Delete  
 NAME **PEARCE, LINDA J**  
 STREET ADDRESS **1100 GATOR TRAIL**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **MGR** ☐ Delete  
 NAME **SALAS, FRANCO C**  
 STREET ADDRESS **1418 S.W. 49TH TERRACE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33317**

TITLE **MGR** ☐ Delete  
 NAME **SELLARI, GARY B**  
 STREET ADDRESS **560 VILLAGE BLVD., SUITE 335**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1551 Forum Place, Building 200**  
 CITY-ST-ZIP **West Palm Beach, FL 33401**

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)