

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038518

1. Entity Name
VIRTUAL POTENTIAL, INC.

FILED
Jun 08, 2001 8:00 am
Secretary of State

06-08-2001 90004 012 ***150.00

Principal Place of Business Mailing Address
777 NE 62ND ST. BUILDING C. PH 5 777 NE 62ND ST. BUILDING C. PH 5
MIAMI FL 33138 MIAMI FL 33138

554039

2. Principal Place of Business 3. Mailing Address
12925 Ixora Rd. 12925 Ixora Rd.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State: North Miami Florida City & State: North Miami Florida
Zip 33181 Country USA Zip 33181 Country USA

4. FEI Number 65-1004588 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

KLEIN, BRENT D
801 BRICKELL AVE, SUITE 1901
MIAMI FL 33131

Name MICHAEL WOZNIAK
Street Address (P.O. Box Number is Not Acceptable)
12925 IXORA ROAD
City NORTH MIAMI FL Zip Code 33181

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]* MICHAEL WOZNIAK, PRESIDENT DATE JUNE 4, 2001
(Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	WOZNIAK, MICHAEL	
STREET ADDRESS	777 NE 62ND ST, BUILDING C, PH 5	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOZNIAK, MICHELE	
STREET ADDRESS	777 NE 62ND ST, BUILDING C, PH 5	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHARLES SALERNO	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL WOZNIAK	
STREET ADDRESS	12925 IXORA RD.	
CITY-ST-ZIP	MIAMI, FL 33181	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHELE WOZNIAK	
STREET ADDRESS	12925 IXORA RD.	
CITY-ST-ZIP	N. MIAMI, FL 33181	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES SALERNO	
STREET ADDRESS	1170 IBIS AVENUE	
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 4, 2001 305 773 0777
Date Daytime Phone #

CR2E034 (10/00)