

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

0273060

**DOCUMENT # P00000055531**

1. Entity Name  
**VIRTUAL ARCHIVES, INC.**

05-17-2001 90381 041 \*\*\*150.00

Principal Place of Business <b>4801 SOUTH UNIVERSITY DRIVE          SUITE 257          DAVIE FL 33328</b>	Mailing Address <b>4801 SOUTH UNIVERSITY DRIVE          SUITE 257          DAVIE FL 33328</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4801 South University Drive</b> Suite, Apt. #, etc. <b>Suite 2070</b> City & State <b>DAVIE, FL</b> Zip <b>33328</b>	3. Mailing Address <b>4801 South University Drive</b> Suite, Apt. #, etc. <b>Suite 2070</b> City & State <b>DAVIE, FL</b> Zip <b>33328</b> Country <b>USA</b>
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4. FEI Number <b>65-1017851</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**SINGER, GARY M  
 4801 SOUTH UNIVERSITY DRIVE  
 SUITE 257  
 DAVIE FL 33328**

7. Name and Address of New Registered Agent  
 Name **Singer, Gary M.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4801 South University Drive**  
**Suite 2070**  
 City **DAVIE** **FL** Zip Code **33328**

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 *Gary M. Singer* **Gary M. Singer**  
Signature, typed or printed name of registered agent and title if applicable.

**3/7/01**  
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 <b>D</b>	<input type="checkbox"/> Delete
NAME <b>SINGER, GARY M</b>	
STREET ADDRESS <b>4801 SOUTH UNIVERSITY DRIVE</b>	
CITY-ST-ZIP <b>DAVIE FL 33328</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Singer, Gary M</b>	
STREET ADDRESS <b>4801 South University Drive, Ste 2070</b>	
CITY-ST-ZIP <b>DAVIE, FL 33328</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Jamie D. Morgan</b>	
STREET ADDRESS <b>4801 South University Drive, Ste 2070</b>	
CITY-ST-ZIP <b>DAVIE, FL 33328</b>	
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	
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: *Gary M. Singer* **Gary M. Singer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/01**  
Date

**954-434-6000**  
Daytime Phone #

CR2E034 (10/00)