

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

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1. Entity Name
VERSALLES ENTERPRISES, INC.

Principal Place of Business Mailing Address
7855 SW 66 STREET **7855 SW 66 STREET**
MIAMI FL 33143 **MIAMI FL 33143**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORDOBA, ANDRES
7855 SW 66 STREET
MIAMI FL 33143

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	NAME	TITLE	NAME
PD	CORDOBA, ANDRES		
	7855 SW 66 STREET		
	MIAMI FL 33143		
VPD	RIANI, NORA		
	7855 SW 66 STREET		
	MIAMI FL 33143		
SD	CORDOBA, JULIO		
	7855 SW 66 STREET		
	MIAMI FL 33143		
TD	CORDOBA, RODRIGO		
	7855 SW 66 STREET		
	MIAMI FL 33143		
D	ZARAMA, HERNAN		
	7855 SW 66 STREET		
	MIAMI FL 33143		

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: ANDRES CORDOBA Date: March 29/01 Daytime Phone #: (305) 5966654

CR2E034 (10/00)