2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowe

SIGNATURE AND TYPED OF PRINTED NAME OF SIGN

SIGNATURE:

May 10, 2002 8:00 am Secretary of State P00000059611 DOCUMENT # 1. Entity Name VERSALLES ENTERPRISES, INC. 05-10-2002 90052 012 ***150 00 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. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORDOBA, ANDRES Street Address (P.O. Box Number is Not Acceptable) 7855 SW 66 STREET **MIAMI FL 33143** City Zip Code FL 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TIT1 F ☐ Delete TITI E Change ☐ Addition CORDOBA, ANDRES NAME NAME **7855 SW 66 STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33143** CITY-ST-ZIP **VPD** TITLE ☐ Delete TITLE ☐ Addition Channe NAME RIANI. NORA NAME STREET ADDRESS **7855 SW 66 STREET** STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33143** CITY-ST-ZIP SD ☐ Delete TITLE Change ☐ Addition CORDOBA, JULIO NAME STREET ADDRESS **7855 SW 66 STREET** STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33143** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CORDOBA, RODRIGO NAME NAME 7855 SW 66 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33143 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME ZARAMA, HERNAN MAME 7855 SW 66 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33143 CITY-ST-ZIP TITLE ☐ Defete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

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