

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099533

1. Entity Name  
**VERLAINE INC.**

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90010 034 \*\*\*150.00

Principal Place of Business  
**5530 LYONS RD.  
APT. 305  
COCONUT CREEK FL 33073**

Mailing Address  
**5530 LYONS RD.  
APT. 305  
COCONUT CREEK FL 33073**

2. Principal Place of Business  
**12 NE 14TH AVE**

3. Mailing Address  
**12 NE 14TH AVE**

Suite, Apt. #, etc.  
**8**

Suite, Apt. #, etc.  
**8**

City & State  
**Pompano Beach - FL**

City & State  
**Pompano Beach - FL**

Zip  
**33060**

Country  
**USA**

Zip  
**33060**

Country  
**USA**

4. FEI Number  
**65-1049231**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**VEGA, JOSE M  
25 S.E. 2ND AVE  
#410  
MIAMI FL 33131**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARTOS, FERNANDO 5530 LYONS RD. APT. 305 COCONUT CREEK FL 33073</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Fernando Bartos**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **04/02/01** Daytime Phone # **(205) 815-7282**

CR2E034 (10/00)