

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90708 050 ***150.00

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DOCUMENT # P01000006295

1. Entity Name
VERSITILE CORPORATION OF SOUTH BROWARD



Principal Place of Business
**2601 JAMAICA DR
MIRAMAR FL 33023**

Mailing Address
**2601 JAMAICA DR
MIRAMAR FL 33023**

11007701



2. Principal Place of Business

3. Mailing Address

2601 JAMAICA DR

2601 JAMAICA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

MIRAMAR FL

MIRAMAR FL

4. FEI Number

65-1068786

Applied For

Not Applicable

Zip

Country

Zip

Country

33023

BROWARD

33023

BROWARD

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

**WARREN, ELIJAH
2601 JAMAICA DR
MIRAMAR FL 33023**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WARREN, ELIJAH**
STREET ADDRESS **2601 JAMAICA DR**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ELIJAH WARREN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

Daytime Phone #

(954) 983-7124

CR2E034 (10/02)