

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90054 024 ***150.00

DOCUMENT # P01000053588

1. Entity Name

VER SACRUM CORP.

Principal Place of Business

**5278 N.W. 114TH AVENUE
 #201
 MIAMI FL 33178**

Mailing Address

**5278 N.W. 114TH AVENUE
 #201
 MIAMI FL 33178**

2. Principal Place of Business

3. Mailing Address

5010 NW 116 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami Florida

4. FEI Number

65-1110102

Applied For

Not Applicable

Zip

Country

Zip

Country

33178

USA

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

**ABRAMSON, EDWARD J ESQ.
 7270 N.W. 12TH STREET
 SUITE 580
 MIAMI FL 33126**

Name

Julio F. Vega

Street Address (P.O. Box Number is Not Acceptable)

5010 NW 116 Ct.

City

Miami FL

FL

Zip Code

33178

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
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **VEGA, JULIO F**
 CITY-ST-ZIP **5278 N.W. 114TH AVENUE**
MIAMI FL 33178

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 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: **Julio F. Vega**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/02

Date

Daytime Phone #

CR2E034 (9/01)