FROM :ACCOUNTING TAXES PLUS FAX NO. :

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90186 045 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000079947

1. Entity Name
VEROJIM, INC

80087855

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1750 NE 191 ST
Suite, Apt. #, etc.
D 507
City & State
NORTH MIAMI BEACH,FL
Zip 33179 Country

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1130009
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
VERONICA M. JIMENEZ
Street Address (P.O. Box Number is Not Acceptable)
1750 NE 191 ST / #D 507
City FL Zip Code
NORTH MIAMI BEACH 33179

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] 04-16-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1, 2003 Fee - $150.00
After May 1st Fee is $500.00
Amended UBR - $61.25
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

TITLE	P
NAME	VERONICA M. JIMENEZ
STREET ADDRESS	1750 NE 191 ST/D 507
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	S
NAME	LUCAS O. MARTOS
STREET ADDRESS	1750 NE 191 ST/D 507
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04-16-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #