2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100084682 1. Entity Name						Apr 24, 2002 8:00 am Secretary of State				
VERAS USA,	INC.	J					04-24-200			
Principal Place of Business 7801 M W 37TH STREET EPS-X 11935 MIAMI FL 33166		Mailing Address 7801 N W 37TH STREET EPS-X 11935 MIAMI FL 33166				- ') 188 /1881 1/1 88 /81 1/8/12 8 0/14 8 0/14 8 0/14 8 0/16 18 /14 8 1/14 8 5/14 18 /14 18 /14				
2. Principal Place	of Business	3. Mailing Address								
Suite, Apt. #, etc	2.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			*	4. FEI NU	imber	V &		pplied For
Zip	Country	Zip	ry	5. Certificate of Status Desired \$8.75 Additional Fee Required						
6.	Name and Address of Current R	egistered Agent			·	7. Name	and Address of New	Registered	•	ea .
				Name				. registered	rgont	
KURSCHNER, (370 WEST CAN BOCA RATON (AINO GARDENS BLVD.			Street Address (P.O. Box Number is Not Acceptable)						
			ļ	City			<u> </u>	FL	Zip Cod	e
8. The above name SIGNATURE	ed entity submits this statement for t	the purpose of changing its	registere	d office o	r registere	ed agent, or	both, in the State of F	lorida.	-	
Signatu	re, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered	Agent signa	ture required	when reinstating)	DATE	· .	
Tax filing requirement and elects to do so. After Ma			NOW!!! FEE IS \$150.00 / 1, 2002 Fee will be \$550.00 Payable to Department of Stat				Election Campaign Fi Trust Fund Contribute			May Be I to Fees
11.	OFFICERS AND D	<u> </u>	12.				NS/CHANGES TO OF	ICERS AND	DIRECTOR	S INI 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE	T ADDRESS ST-ZIP	Luis 7801	sident Anton			□ Change	✓ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP	Luis 1801	e pres Alber Nw 3°	ident to Verus th St EPS L 33166	-× 11935	☐ Change	✓ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· • · · ·	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS . T-ZIP	5989 5989	as VP old P	antaleon Glen way	3	Change	✓ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET	address T-zip			,		☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	address :	<u>.</u>	11			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST				~		Change	Addition
I hereby certify the	nat the information supplied with thi	s filing does not qualify for t	he exem	otion state	ed in Sect	ion 119.07(3)(i), Florida Statutes, I	further cert	ify that the inf	formation

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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 the corporation of the corporation 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 the corporation 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 the corporation 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 the corporation 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 the corporation 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 the corporation 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 the corporation of the corporation or the receiver or trustee empowered to execute the corporation of the corporation of the corporation of the corporation or the receiver or trustee empowered to execute the corporation of the corpora MANE OF SIGNING OFFICER OR DIRECTOR 30.62 SIGNATURE AND TYPED OR PRINTED SIGNATURE: 809 567 -210 \ Daytime Phone #