

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

05-05-2003 91414 004 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000085777			
1. Entity Name VEROMART WORLDWIDE SUPPLIERS, CORP.			
Principal Place of Business 500 BAY VIEW DRIVE 332 MIAMI BEACH, FL 33160 US		Mailing Address 500 BAY VIEW DRIVE 332 MIAMI BEACH, FL 33160 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 65-1153121		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLAVJO, MARTHA 500 BAY VIEW DRIVE 332 MIAMI BEACH, FL 33160		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
A. 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 		DATE	
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO CLAVJO, MARTHA 500 BAY VIEW DRIVE APT. 332 MIAMI BEACH, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ENDARA, VERONICA 5184 NE 3CT. APT. 1 MIAMI, FL 33137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ENDARA VERONICA 500 BAY VIEW DR, 332 MIAMI BEACH, FL 33160 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GO ECHEVERRI, EUGENIA C 4101 PINETREE DRIVE APT 1806 MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 192.07(3)(b), 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: 		DATE: 04-20-03 3052492825	

CFR2034 (10/02)