2003 FOR PROFIT CORPORATION FORM BUSINESS REPORT (UBR)

FILED Feb 14, 2003 8:00 am Secretary of State 01-27-2003 90139 012 ***150.00

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DOCUMENT # P02000008579 1. Entity Name SUNBELT BUSINESS BROKERS OF VERO INC.									
Principal Place 8802 US HWY. SUITE 9 SABASTION FL		Mailing Address 800 E. HWY 436 CASSELBERRY FL 32707							
2. Principal Place of Business		3. Mailing Address			1 (836/08) 160 180 180 180 180 180 180 180 180 180 18		91141, 460 1	3 (81) (34)	
Suite, Apt. #, etc		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			42-157 4676 Not A			pplicable	1
Zip	Country	Zip Coun		,	5. Certificate of Status Desired S8.75 Additing Fee Required 7. Name and Address of New Registered Agent			ona)]
	- 6. Name and Address of Current	Registered Agent	<u>-</u>	دهد سید د تندست	7. Name and Address of New Hegis	tereo Agent		·	1
				Name	_				1
FERRARI, FRANCO				Street Address (I	P.O. Box Number is Not Acceptable)				1
14166 LAKE PRICE DR.						· · · · · · · · · · · · · · · · · · ·			1
ORLANDO	FL 32826		'						1
·				City		· -	Code		
8. The above the obligati	named entity submits this statement to lons of registered agent.	r the purpose of changing its	register	ed office or register	ed agent, or both, in the State of Florida	i. I am familiar i	with, an	io accept	
SIGNATURE .		THOSE STATE OF THE	E. Benistare	d Agent signature required	when reinstation)	DATE			
- ; -	Signature, typed or printed name of registered agent a	and title if apparations. (NOT	E. IVOQISIOI E	a right of parts of the				····	1
F	ILE NOW!! FEE IS \$150.00:			ران چ <u>ېدا ش</u> سست سور په د	9. Election Campaign Finance	ing	5:00	Mav Be	ŀ٠
After	May 1, 2003 Fee will be \$550.00				Trust Fund Contribution.		dded to		
Make Check	Payable to Florida Department of	State	- d -q2	321					1
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/CHANGES TO OFFICE				ړ ا
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NAME	FERRARI, FRANCO		NAM	E					701
STREET ADDRESS	860 E HWY 436		STRE	EET ADORESS					F034
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY	-ST-ZIP					
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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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

339-3101