
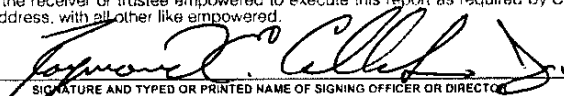


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DEPT. OF STATE
DIVISION OF CORPORATIONS
06 MAY -8 AM 11:10

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # P02000054878 | | | |  | |
| 1. Entity Name VRT ENTERPRISES, INC. | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| 2. Principal Place of Business 4712 NW 114 Avenue | | | 3. Mailing Address same | | |
| Suite, Apt. #, etc. Unit 203 | | | Suite, Apt. #, etc. | | |
| City & State Miami, Florida | | | City & State | | |
| Zip 33178 | | Country United States | | 4. FEI Number | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;">DO NOT WRITE IN THIS SPACE</div> <div style="width: 50%;"> <p>7. Name and Address of Current Registered Agent</p> <p>Name SPIEGEL & UTRERA, P.A.</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>1840 Southwest 22 Street, 4th Floor</p> <p>City Miami FL Zip Code 33145</p> </div> </div> | | | | | |
| 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. SPIEGEL & UTRERA, P.A. | | | | | |
| By: Natalia Utrera, Vice President SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD Raymond E. Callahan Jr. 4712 NW 114 Avenue, Unit 205 Miami, Florida 33178 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="font-size: 1.5em; font-weight: bold; opacity: 0.5;">REINSTATEMENT</div> <div style="font-size: 1.5em; font-weight: bold;">03-06</div> | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T Ingrid Viviana Callahan 4712 NW 114 Avenue, Unit 205 Miami, Florida 33178 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 400075102964 05/23/06--01048--017 **\$600.00 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| 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:  | | | 28 APR 06 786-336-8219 <small>Date Daytime Phone</small> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

CR2E034B (12/02)

M. Williams MAY - 8 2006