

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90739 021 ***150.00

DOCUMENT # P02000076407

1. Entity Name
VEROLINK CORP



Principal Place of Business
**2210 N.E. 67TH STREET
STE 1229
FORT LAUDERDALE FL 33308**

Mailing Address
**2210 NE 67TH STREET
STE 1229
FORT LAUDERDALE FL 33308**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2210 NE 67 STREET

3. Mailing Address
2210 NE 67 Street

Suite, Apt. #, etc.
1229

Suite, Apt. #, etc.
1229

City & State
FORT LAUDERDALE FL

City & State
FORT LAUDERDALE FL

4. FEI Number
52-2368158

Applied For
☐ Not Applicable

Zip
33308

Country
USA

Zip
33308

Country
USA

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

6. Name and Address of Current Registered Agent

**SOLOMON, MARC I
4400 N. FEDERAL HWY
STE 210
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name
VERONIQUE SAAJA

Street Address (P.O. Box Number is Not Acceptable)

2210 NE 67 STREET

1229

City **FORT LAUDERDALE FL** Zip Code **33308**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-7-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VERONIQUE SAAJA 2210 NE 67 Street # 1229 FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **VERONIQUE SAAJA (PRESIDENT)** **3-7-03 954-267-081**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D-10

Daytime Phone #

CR2E034 (10/02)