

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90374 021 ***150.00

0226110 AV

DOCUMENT # P93000051184

1. Entity Name

VIRTUAL REALTY U.S.A., INC.

Principal Place of Business

**5757 LAGORCE DRIVE
 MIAMI BEACH FL 33140**

Mailing Address

**5757 LAGORCE DRIVE
 MIAMI BEACH FL 33140**

2. Principal Place of Business

1205 Lincoln Road #218

Suite, Apt. #, etc.

Miami Beach, Florida

City & State

33139 USA

Zip

Country

3. Mailing Address

1205 Lincoln Road #218

Suite, Apt. #, etc.

Miami Beach, Florida

City & State

33139 USA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0445811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KORUS, MITCHELL P
 5757 LAGORCE DRIVE
 MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KORUS, MITCHELL P	
STREET ADDRESS	5757 LAGORCE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KORUS, MELVIN	
STREET ADDRESS	2739 RIO DE JANEIRO AVE	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Melvin Korus Vice President

01/11/2002

305-531-2888

Date

Daytime Phone #

CR2E034 (9/01)