AMOUNT DUE ON OR BEFORE 05/05/2001 IF LATE FEE AND REINSTATEMENT AMOUNT DUE TO REINSTATE 0379

FILED
May 25, 2001 8:00 am
Secretary of State
05-25-2001 90293 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT

[redacted] 2001

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000068488 (4)

Corporation Name
V A R, INC.

000070307

Principal Place of Business	Mailing Address
305 ARTEMIS BLVD. MERRITT ISLAND FL 32953-3108	305 ARTEMIS BLVD. MERRITT ISLAND FL 32953-3108

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified	Date of Last Report
09/27/1993	[redacted]

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

FEI Number
59-3205012
☐ Applied For
☐ Not Applicable

Certificate of Status Desired ☐ **$8.75** Additional Fee Required

☐ **$5.00** May Be Added to Fees

This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

Name and Address of Current Registered Agent

SILVA, VICTOR
305 ARTEMIS BLVD.
MERRITT ISLAND FL 32953-3108

Name and Address of New Registered Agent

81 Name

82 (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent, and title, if applicable (CR: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

TITLE	PST	* 1 TITLE	D ☐ Change ☒ Addition
NAME	VICTOR, SLVA	* 2 NAME	VICTOR SILVA
STREET ADDRESS	305 ARTEMIS BLVD	* 3 STREET ADDRESS	305 ARTEMIS Blvd
CITY-ST-ZIP	MERRITT ISLAND FL	* 4 CITY-ST-ZIP	MERRITT ISLAND FL 32953
TITLE		1 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		7 STREET ADDRESS	
CITY-ST-ZIP		8 CITY-ST-ZIP	
TITLE		9 TITLE	☐ Change ☐ Addition
NAME		10 NAME	
STREET ADDRESS		11 STREET ADDRESS	
CITY-ST-ZIP		12 CITY-ST-ZIP	
TITLE		13 TITLE	☐ Change ☐ Addition
NAME		14 NAME	
STREET ADDRESS		15 STREET ADDRESS	
CITY-ST-ZIP		16 CITY-ST-ZIP	
TITLE		17 TITLE	☐ Change ☐ Addition
NAME		18 NAME	
STREET ADDRESS		19 STREET ADDRESS	
CITY-ST-ZIP		20 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report, or supplemental annual 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 12 or Block 13 if changed, or added in connection with an addition.

Victor Silva VICTOR SILVA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0137436 FP