

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90034 006 \*\*\*150.00

**DOCUMENT # P94000091044**

**1. Entity Name**  
**VERBI INTERNATIONAL CORP.**

**Principal Place of Business**

~~2405 NE 51ST STREET~~  
~~#E308~~  
**FT LAUDERDALE FL 33308**  
**US**

**Mailing Address**

**P. O. BOX 11052**  
**FT LAUDERDALE FL 33339**  
**US**

**B0091145**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**2500 N.E. 48<sup>TH</sup> LANG**

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number 65-0540339**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SANTOS, MAURO C**  
**25 SE 2ND AVE, 1235**  
**MIAMI FL 33131**

Name

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

City

**FL**

Zip Code

**7. Name and Address of New Registered Agent**

**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** **P**  
**NAME** **VERBICARO, MARIA L** ☐ Delete  
**STREET ADDRESS** **2455 NE 51ST STREET #E308**  
**CITY-ST-ZIP** **FT LAUDERDALE FL 33308**

**TITLE**  
**NAME** ☐ Delete  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME** ☐ Delete  
**STREET ADDRESS**  
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**TITLE**  
**NAME** ☐ Delete  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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CR2E034 (9/01)

**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 empowered.**

**SIGNATURE:** *Verbicaro* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/02** **954-351-0528**  
 Date Daytime Phone #