

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017357

1. Entity Name
VARSAMO, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90158 015 ***150.00

Principal Place of Business
**2665 EAST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308**

Mailing Address
**2665 EAST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308**

UUU45504



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**2744 E. COMM Blvd
Fort. LAUD.**

3. Mailing Address
2744 E. COMM Blvd

City & State
FT. LAUDERDALE, FLA

City & State
FT. LAUDERDALE, FLA

4. FEI Number **65-0044786**

Applied For
Not Applicable

Zip **33308** Country **FLA**

Zip **33308** Country **BROWARD**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOFFMAN, DIANNA
2665 EAST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308**

Name

Street Address (P.O. Box Number is Not Acceptable)
2744 E COMM Blvd.

City **FT. 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.

SIGNATURE *Dianna Hoffman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/18/01**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HOFFMAN, DIANNA**
STREET ADDRESS **2665 EAST COMMERCIAL BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☒ Change ☐ Addition
NAME **2744 EAST COMMERCIAL BLVD**
STREET ADDRESS **FT. LAUD. FLA - 33308**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 empowered.

SIGNATURE: *Dianna Hoffman* **DIANNA HOFFMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/18/01** Daytime Phone # **(954) 772-3523**

CR2E034 (10/00)