

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2002 8:00 am
Secretary of State

07-14-2002 90048 033 ***150.00

DOCUMENT # P96000017357

1. Entity Name
VARSAMO, INC.

Principal Place of Business
**2744 E COMMERCIAL BLVD
 FORT LAUDERDALE FL 33308**

Mailing Address
**2744 E COMMERCIAL BLVD
 FORT LAUDERDALE FL 33308**

80128896



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0044786**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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
 2744 E COMMERCIAL BLVD
 FORT LAUDERDALE FL 33308**

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. 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 _____

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, DIANNA 2744 E COMMERCIAL BLVD FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3 954-712-3323
 Date Daytime Phone #

CR2E034 (4/02)

Attachment
#P96000017357
B0128896

July 2, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Varsamo, Inc.
Document # P96000017357

To Whom It May Concern,

The first notice was lost in the system and we missed the deadline. Please accept our payment of \$150.00 at this time as we have not been late before.
Thank You.

Sincerely,

Dianna Hoffman

