# 2001 UNIFORM BUSINESS REPORT (UBR)

06-27-2001 90004 010 ***158.75
P96000081269

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000081269 (8)

1. Entity Name

VERAPAZ INTERNATIONAL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4201 Collins Av.#1602<br>Miami Beach, FL 33140 | 4201 Collins Av.#1602<br>Miami Beach, FL 33140 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 127 Avenue B<br>Suite, Apt. #, etc. | 127 Avenue B<br>Suite, Apt. #, etc. |
| City & State: Apalachicola, FL<br>Zip: 32320 Country: USA | City & State: Apalachicola, FL<br>Zip: 32320 Country: USA |

4. FEI Number: 65-0700263 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ XX **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| Castro, Jose E.<br>SHERMAN & CASTRO<br>218 Almeria Avenue<br>Coral Gables, FL 33134 | Name: SPOHRER, B.F.<br>Street Address (P.O. Box Number is Not Acceptable): 127 Avenue B<br>City: Apalachicola FL Zip Code: 32320 |

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 B.F. Spohrer, PD — June 22, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Spohrer, Bill F.<br>4201 Collins Av. #1602<br>Miami Beach, FL 33140 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Spohrer, B.F.<br>127 Avenue B<br>Apalachicola, FL 32320 | ☒ XX Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 000004559840--2<br>-08/16/01--01078--010<br>****400.00 ****400.00 | ☐ Change ☐ Addition |
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CR2E034 (11/00)

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:** B.F. Spohrer — June 22, 2001 (305)869-8350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Telephone Number