

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011069

1. Entity Name

VIRTUAL BY T&H INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90011 042 ***150.00

Principal Place of Business

15292 SW 104 ST. #1137
MIAMI FL 33196

Mailing Address

15292 SW 104 ST. #1137
MIAMI FL 33196-3254

2. Principal Place of Business

15822 SW 99 terrace

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami - FL

City & State

4. FEI Number

65-0736361

Applied For

Not Applicable

Zip

33196

Country

U.S.A.

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

RESTREPO, HELDA

15292 SW 104 ST. #1137
MIAMI FL 33196

Name

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

15822 SW 99 terrace

City

Miami

FL

Zip Code

33196

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, 2000 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	DP RESTREPO, HELDA 15292 SW 104 ST. #1137 MIAMI FL 33196	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	15822 SW 99 terrace Miami - FL 33196	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GONZALES, TAMARA 15292 SW 104 ST. #1137 MIAMI FL 33196	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	15822 SW 99 terrace Miami - FL 33196	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/00

(305) 387-1442

CR2E034 (9/99)