

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

0494521

05-16-2001 90051 002 \*\*\*150.00

**DOCUMENT # P97000046671**

1. Entity Name  
**VERSAVEST, INC.**

Principal Place of Business <b>2701 S BAYSHORE DR          STE 610          MIAMI FL 33133          US</b>	Mailing Address <b>PO BOX 900460          HOMESTEAD FL 33090-0406          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
**SUITE 610**

3. Mailing Address  
**2701 S. BAYSHORE DRIVE**

City & State  
**MIAMI, FL**

4. FEI Number **65-0753984**  
 Applied For  
 Not Applicable

Zip Country  
**33133-5360**

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**

**RABIN, JEFFREY B  
 258 NW 1 AVENUE  
 FLORIDA CITY FL 33034**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2701 SOUTH BAYSHORE DRIVE**  
**SUITE 610**  
 City **MIAMI** FL Zip Code **33133-5360**

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 *Jeffrey B Rabin*  
 Signature, typed or printed name of registered agent and title if applicable.

**5/1/01**  
 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	<b>PD RABIN, JEFFREY B PO BOX 900460 HOMESTEAD FL 33090-0460</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2701 SOUTH BAYSHORE DRIVE - #610 MIAMI, FL 33133-5360</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Jeffrey B Rabin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/01** **(305) 850-9119**  
 Date Daytime Phone #

CR2E034 (10/00)