

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90206 004 \*\*\*158.75

0219135

**DOCUMENT # P97000062126**  
 1. Entity Name  
**VERSAILLES REALTY, INC.**

Principal Place of Business      Mailing Address  
**1740 SW 139 AVE**      **1740 SW 139 AVE**  
**MIAMI FL 33175**      **MIAMI FL 33175**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**3425 COLLINS AVE C-2**      **SAME**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**MIAMI, FL**      **MIAMI, FL**  
 Zip      Country      Zip      Country  
**33140**      **USA**      **33140**      **USA**

4. FEI Number      Applied For  
**65-0771617**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORBO, TERESA**  
~~**1740 SW 139 AVENUE**~~  
~~**MIAMI FL 33175**~~

7. Name and Address of New Registered Agent  
 Name      **TERESA CORBO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4560 SW 129 AVE**  
 City      **MIAMI**      FL      Zip Code      **33175**

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: *Teresa Corbo*      **TERESA CORBO**      **4/28/01**  
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, 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CORBO, TERESA</b>	
STREET ADDRESS	<del><b>1740 SW 139 AVE</b></del>	
CITY-ST-ZIP	<del><b>MIAMI FL 33175</b></del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORBO TERESA</b>	
STREET ADDRESS	<b>4560 SW 129 AVE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33175</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Teresa Corbo*      **TERESA CORBO**      **4/28/01**      **(305) 562 4220**  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E034 (10/00)