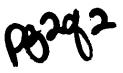
## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P970000 853 49 FILED VEROS IMPORT AND EXPORT, INC NI MAR - 1 PM 2:51 Principal Place of Business SECRETARY OF STATE Mailing Address 5741 W 3nd CT HIPLEAH FL 33012 TARP AHASSEE, FLORIDA Same 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Zιρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Barrera w 3nd ct Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 City Zip Code FL 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, 150 CIRD! printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 -Trust Fund Contribution. Added to Fees (See criteria on back) \*Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition JUAN BARRERA 1741 W 3 nd CT HIALEAH FL 33012 NAME 600003809576-+ -03/07/01--01009--030 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ¥¥¥¥600.ŬĢ<sub>Ţ Ch</sub>ĸĸĸĸ₽₽ŊĸŪŪ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 TITLE ☐ Delete □ Спапае ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 of 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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #



Division of Corporations P.O. BOX 6327 Tallahasse, Fl 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$600.00 for the annual reports fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation **VEROS IMPORT AND EXPORT, INC.** Thank you for your courtesy in this matter.

JUAN/BARRERA PRESIDENT