

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103584

1. Entity Name

VIRTUAL LANGUAGES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90058 038 ***158.75

Principal Place of Business

1700 N DIXIE HWY, SUITE 114
BOCA RATON FL 33432

Mailing Address

1700 N DIXIE HWY, SUITE 114
BOCA RATON FL 33432-1808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0304433

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORDONEZ, JEAN GILES
1700 N DIXIE HWY, SUITE 114
BOCA RATON FL 33432

Name

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

City

FL

Zip Code

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)

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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.

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\$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	<input type="checkbox"/> Delete
	PSD	ORDONEZ, JEAN GILES	1700 N DIXIE HWY, SUITE 114 BOCA RATON FL 33432	<input type="checkbox"/>
	V	STROTHER, JUDITH B	505 WEST PINE ROAD MELBOURNE VILLAGE FL 32904	<input type="checkbox"/>
	T	GIVEN, DENYA T	1101 RISE REACH DR FORT LAUDERDALE FL 33315	<input checked="" type="checkbox"/>
	D	NANCE, ANDREA	3102 CONGRESSIONAL WAY DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/>
	D	ALFORD, RANDALL	917 PLYMOUTH CRUST NE PALM BAY FL 32905-4563	<input checked="" type="checkbox"/>
	D	DE CAPUA, ANDREA	6672 NW 98TH DR PARKLAND FL 33076	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	D.	Thomas Anderson	6952 Westworth Ave., SW Port Orchard, WA 98367	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 661-395-3686
Date Daytime Phone #

CR2E034 (9/99)