

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90133 008 ***150.00

DOCUMENT # P97000103584

1. Entity Name
VIRTUAL LANGUAGES, INC.



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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0304433

0810733

Applied For

Not Applicable

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
ORDONEZ, JEAN GILES
1700 N DIXIE HWY, SUITE 114
BOCA RATON FL 33432**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
STROTHER, JUDITH B
505 WEST PINE ROAD
MELBOURNE VILLAGE FL 32904**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ANDERSON, THOMAS
6952 WONTWORTH AVE SW
PORT ORCHARD WA 98367**

☒ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/03

Date

Daytime Phone #

895-8606
561-8606

CR2E034 (10/02)

Attachment

90045393
P97000 103584

AMOUNT OF DEPOSIT (Do NOT type, please print.)		DOLLARS		CENTS	

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

EIN 65-0810733 231112

BANK NAME/ DATE STAMP

VIRTUAL LANGUAGES INC
1700 N DIXIE HWY NO 114
BOCA RATON FL 33432-1808

IRS USE ONLY

Darken only one TYPE OF TAX		Darken only one TAX PERIOD	
941	945	1st Quarter	
990-C	1120	2nd Quarter	
943	990-T	3rd Quarter	
720	990-PF	4th Quarter	
CT-1	1042		
940			

18 6 Telephone number ()

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon
Form 8109 (Rev. 10-96)