

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90171 029 ***163.75

DOCUMENT # P98000024725

1. Entity Name

Virtual Fair, Inc.

Principal Place of Business

Mailing Address

**5204 W. Cottage Trail
 Sioux Falls, SD 57106**

**5204 W. Cottage Trail
 Sioux Falls, SD 57106**

00046272

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

4. FEI Number **58-2462286**

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Florida Incorporators, Inc.
 1221 Brickell Ave., Ste. 900
 Miami, FL 33131**

7. Name and Address of New Registered Agent

Name **Manuel Cuervo**
 Street Address (P.O. Box Number is Not Acceptable)
5121 SW 127th Place
 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 **Manuel Cuervo**

Manuel Cuervo

04/20/01

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, 2000 Fee will be \$200.00
 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	C/CEO	<input type="checkbox"/> Delete
NAME	Cuervo, Susan M	
STREET ADDRESS	2110 Artesia Blvd, Ste B-134	
CITY-ST-ZIP	Redondo Beach, CA 90278	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	Cotter, Dr. Kathleen, D.C.	
STREET ADDRESS	2110 Artesia Blvd, Ste B-134	
CITY-ST-ZIP	Redondo Beach, CA 90278	
TITLE	T/CFO	<input type="checkbox"/> Delete
NAME	Cuervo, Manuel	
STREET ADDRESS	2110 Artesia Blvd, Ste B-134	
CITY-ST-ZIP	Redondo Beach, CA 90278	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	Cotter, Gloria V.	
STREET ADDRESS	2110 Artesia Blvd, Ste B-134	
CITY-ST-ZIP	Redondo Beach, CA 90278	
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	C/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cuervo, Susan M	
STREET ADDRESS	5204 W. Cottage Trail	
CITY-ST-ZIP	Sioux Falls, SD 57106	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cotter, Kathleen, D.C.	
STREET ADDRESS	1533 Via Leon	
CITY-ST-ZIP	Palos Verdes Estates, CA 90274	
TITLE	T/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cuervo, Manuel	
STREET ADDRESS	5204 W. Cottage Trail	
CITY-ST-ZIP	Sioux Falls, SD 57106	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cotter, Gloria V.	
STREET ADDRESS	5204 W. Cottage Trail	
CITY-ST-ZIP	Sioux Falls, SD 57106	
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)(f), 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: *Susan M Cuervo*

Susan M. Cuervo, 04/20/01 605-323-1369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #