## **FILED**

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028028  1. Entity Name VATRA ENVIRONNEMENT, INC.							Apr 17, 2002 8:00 am Secretary of State 04-17-2002 90096 004 ***150.00				
Principal Place of Business 2525 EAGLE RUN DR. WESTON FL 33327			Mailing Address 2525 EAGLE RUN DR. WESTON FL 33327								
2. Principal Place of Business			3. Mailing Address				<u> </u>	I ORINĀ IZBON I	BANI ĐƯỢCH (I	EE1 1911 1961	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			<b>4.</b> F	El Number <b>65-1013376</b>	Applied For Not Applicable			
Zip Country		Country	Zip Cour		ntry !		Certificate of Status Desired		75 Addi	tional	
6. Name and Address of Current			legistered Agent	7. Name and Address of New Registered Agent							
MAKAREM, JULIO 2525 EAGLE RUN DR. WESTON FL 33327					Street Addres	s (P.O. 8	iox Number is Not Acceptable)				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 1 3331.				City			FL	Zip Code		Ì
Tax filing r	oration is elig	or printed name of registered agent a lible to satisfy its Intangible and elects to do so.	FILE NOT After May 1, Make Check Pay	W!!! FEE 2002 Fee	<u> </u>	O State	10. Election Campaign Financin     Trust Fund Contribution.  DITIONS/CHANGES TO OFFICER		Added	May Be to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2525 EAG	A, MONICA GLE RUN DR. FL 33327	□ Delete						Change	Addition	22E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		M, JULIO GLE RUN DR. FL 33327	☐ Delete						Change	Addition	2
TITLE	2525 EAG	A, RICARDO GLE RUN DR. FL 33327	Delete-	41	I .	·&	٠٠٠ - ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	~~~	Change ~	- Addition :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		۶ • . •	☐ Delete	li i	l				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	noupifi, shows sh	o information guaratical state	Delete	CITY	ie Eet address '-st-zip	Saction	119 07/3Vi) Florida Statutes I furth	_	Change	Addition	200

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, of director of the corporation or the receiver or trostee 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 entrowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #