

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033606

1. Entity Name

VERSATILE UNLIMITED, CORP.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90097 021 ***150.00

Principal Place of Business 1850 SW 122 AVE #513 MIAMI FL 33175 3700 SW 147 PL MIAMI FL-33185	Mailing Address 1850 SW 122 AVE #513 MIAMI FL 33175-7355 3700 SW 147 PL MIAMI FL-33185
2. Principal Place of Business 3700 SW 147 PL	3. Mailing Address 3700 SW 147 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State MIAMI - FL	City & State MIAMI - FL.	4. FEI Number 65-0826618	Applied For <input type="checkbox"/> Not Applicable
Zip 33185	Country U.S.A.	Zip 33185	Country U.S.A.
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent ROJAS, JOHN 1850 SW 122 AVE #513 MIAMI FL 33175 3700 SW 147 PL MIAMI FL-33185	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *John Rojas G.* DATE *4/4/00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROJAS, JOHN 1850 SW 122 AVE #513 3700 SW 147 PL MIAMI FL 33175 MIAMI FL-33185	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: *John Rojas G.* **REQUIRED** *4/4/00* *(305) 772-0512*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)