

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90092 043 ***150.00

DOCUMENT # P98000033606

1. Entity Name
VERSATILE UNLIMITED, CORP.

Principal Place of Business

**3700 SW 147TH PL
 MIAMI FL 33185**

Mailing Address

**3700 SW 147TH PL
 MIAMI FL 33185**



2. Principal Place of Business

7392 N.W. 8 st.

3. Mailing Address

7392 N.W. 8 st.

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

Not Applicable

Zip

33126

Country

U.S.A.

Zip

33126

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROJAS, JOHN
 3700 SW 147TH PL
 MIAMI FL 33185**

7. Name and Address of New Registered Agent

Name **ROJAS, John**
 Street Address (P.O. Box Number is Not Acceptable)
7392 N.W. 8 st.
 City **MIAMI** FL Zip Code **33126**

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **DP** ☐ Delete
 NAME **ROJAS, JOHN**
 STREET ADDRESS **3700 SW 147TH PL**
 CITY-ST-ZIP **MIAMI FL 33185**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP.** ☒ Change ☐ Addition
 NAME **John Rojas**
 STREET ADDRESS **7392 NW 8 st.**
 CITY-ST-ZIP **MIAMI - FL 33126**

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

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

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 NAME
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 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)(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:

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

02/05/02 (305) 772-0512
 Date Daytime Phone #

CR2E034 (9/01)