FILED
Jun 19, 2002 8:00 am
Secretary of State
05-27-2002 90438 046 ***150.00

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034041

1. Entity Name

VARI INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

93730
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8404 S.W. 40 STREET	8404 S.W. 40 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI
Zip: 33155 Country: MIAMI-DADE	Zip: 33155 Country: MIAMI-DADE

4. FEI Number: 65-0832231 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent:

Name: DAGOBERTO VALDES

Street Address (P.O. Box Number is Not Acceptable): 8404 S.W. 40 STREET

City: MIAMI FL Zip Code: 33155

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] 4/29/02
Signature, type 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SILVA, OMAR VILORIA 13422 S.W. 14 TERRACE MIAMI, FL 33184
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DE VILORIA, DUVIS LAZARO 13422 S.W. 14 TERRACE MIAMI, FL 33184
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD VILORIA, ERICK. 8582 N.W. 70 STREET MIAMI, FL 33166
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SILVA, OMAR VILORIA 4/29/02 305-553-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #