2003 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2003 8:00 am
Secretary of State
03-27-2003 90101 043 ***150.00

DOCUMENT # P98000034041

1. Entity Name

VARI INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
80 S.W. 8TH STREET	80 S.W. 8TH STREET
Suite, Apt. #, etc.: 2000	Suite, Apt. #, etc.: 2000
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33130 Country: MIAMI-DADE	Zip: 33130 Country: MIAMI-DADE

DO NOT WRITE IN THIS SPACE

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

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature must be that of newly appointed agent)

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	PD
NAME	SILVA, OMAR VILORIA
STREET ADDRESS	80 S.W. 8TH STREET STE.2000
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	TD
NAME	DE VILORIA, DUVIS LAZARO
STREET ADDRESS	80 S.W. 8TH STREET STE. 2000
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	VPD
NAME	VILORIA, ERICK
STREET ADDRESS	80 S.W. 8TH STREET STE. 2000
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	
NAME	
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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: _____ SILVA, OMAR VILORIA 3/14/03 305-423-7037

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