

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080533

1. Entity Name

VERGER INTERNATIONAL, INC.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90579 026 ***150.00

Principal Place of Business

299 W. HILLSBORO BLVD
DEERFIELD BEACH FL 33441
US

Mailing Address

299 W. HILLSBORO BLVD
SUITE #601
DEERFIELD BEACH FL 33441
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0867173

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VAZQUEZ-MELLADO, GERARDO
299 W. HILLSBORO BLVD
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name VAZQUEZ-MELLADO GERARDO
Street Address (P.O. Box Number is Not Acceptable)
9792 VINEHARD CT
City BOCA RATON FL Zip Code 33428

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 fee 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME RODRIGUEZ-BORGIO, JAVIER
STREET ADDRESS 901 PONCE DE LEON BLVD. SUITE 601
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE D
NAME LARREA, GUILLERMO
STREET ADDRESS 901 PONCE DE LEON BLVD. SUITE 601
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE D
NAME REYNER, MARCO A
STREET ADDRESS 901 PONCE DE LEON BLVD. SUITE 601
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE VP
NAME VAZQUEZ-MELLADO, GERARDO
STREET ADDRESS 299 W HILLSBORO BLVD
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

02/07/01 (784) 520-4328

0310639

CR2E034 (10/00)