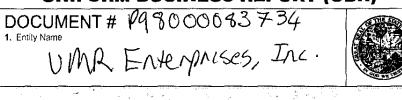
FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

2002 3

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SI	PACE	
		600010668226 01/23/0301034023 **300.00
2. Principal Place of Business / J. 3. Mailing Address / I	11 600 01 1	1 U1/23/U3U1U34023 **300.00
1761 W. Hillsborn Blud 1769 W. HI	Usboro-Blud	<u>,</u>
Suite, Apt. #, etc. Suite 329 Suite Apt. #, etc. Suite	329	DO NOT WRITE IN THIS SPACE
Sity & State eld Beach, FL Deerfula!	Beach, FL.	4. FEI Number 0869179 Applied For Not Applicable.
33442 Country Zin 33442	Country *	5. Certificate of Status Desired See Required Fee Required
		7. Name and Address of Current Registered Agent
	Name ()	1 Hora Kosen.
DO NOT WRITE	Street Address (P.O. Box Number is Not Acceptable)
IN THIS SPACE	\ <u></u> `	
IN THIS SPACE	1761 W	Hillsborn Blud State 329
	City Down	keld Beach FL Zip Gode #42
8. The above named entity submits this statement for the purpose of changing its	registered office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.		1 -
Judania Joan		1./1.707
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE	E: Registered Agent signature required	when reinstating DATE
January 1 - May 1 Fee is \$150.00		
After May 1, Fee is \$550,00 Amended UBR is \$61,25		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
Make Check Payable to Florida Department of State		HOSE TOTAL CONTRIBUTION.
10. OFFICERS AND DIRECTORS	i	
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HAME VICTORIA POPULIA H329	NAME	
STREET ADDRESS 176 (W. 115000 Blod # 329	STREET ADDRESS	
city-st-zip Wearfulla Beach, Lh-3344d	CITY-ST-ZIP	
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		orton 119 07/3Vis Clorida Statuton Literatura and the state of
12. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and arcurate and that not the corporation or the receiver or trustee empowered to execute this report attachment with an address, with all other like empowered.	ny signature shall have the set as required by Chapter 60	same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that made appears in Block 10 or on an

MS O3 Daytime Ptone #

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 2003

UNIFUNNI BUSINESS REPURI	(UDN)	
DOCUMENT # P98000 83734		
UMR Enterprises, Inc.		
DO NOT WRITE IN THIS SF	PACE	
2. Principal Place of Business 3. Mailing Address	LL. L. Bl. J	
Suite Apt. #, etc. 300	Sow Blud DO NOT WRITE IN THIS SPACE	
City & State 1 0 City & State 1 0	4. FEI Number Accion Applied For	
Zip July Country Zip July 2	Country 5 Coefficients of Stokes Posicod 5 \$8.75 Additional	
33442 33442	5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent	
DO NOT MOTE	Name Victoria Rogers	
DO NOT WRITE	Street Address (P.O. Box Number is Not Acceptable)	
IN THIS SPACE	City Deort Dd Reach FL Zip Code, 12	
The above named entity submits this statement for the purpose of changing its republications of registered agent.	registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE Ulchana Lan	E: Registered Agent signature required when retristating; DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS		
NAME VICTORIA ROURS OLD 4200	NAME	
STREET ADDRESS 1761 W. Hillshow BUS #329 CITY-ST-ZIP Deer Ola Reach F . 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	
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	And the same state of the same	
12. 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 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 furustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like Empowered.		
SIGNATURE: Who was the significant of signing officer of director Date Date Displine Phone 4		

21/24

VMR Enterprises, Inc. 1761 W. Hillsboro Blvd. Suite 329 Deerfield Beach Florida 33442

January 15th, 2002

The Department of State Division of Corporations Tallahassee Florida

Dear Sirs:

RE: VMR Enterprises, INC. P98000083734

We changed our address in December 2001 and filled out the relevant address change forms at the post office.

However, we never received the Annual Corporate Renewal form through the mail and only after our CPA asked us this month if we had paid the bill did we realize that the payment had not been made. We would appreciate it if you would accept the enclosed check for \$ 300.00, which will include the fee for 2003 and also abate the penalty.

We apologize for any inconvenience caused.

V. Rogers (Pres)

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