## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000009434 Mar 24, 2000 8:00 am **Secretary of State** VERSACOM INTERNATIONAL, INC. 03-24-2000 90109 044 \*\*\*158.75 Mailing Address Principal Place of Business 131 NW 13TH ST., SUITE 36 131 NW 13TH ST., SUITE 36 **BOCA RATON FL 33432** BOCA RATON FL 33432-1637 $\cup \bowtie \cup \cup \cup \cup i$ 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Randy Parks KAISER, JOHN Street Address (P.O. Box Number is Not Acceptable 131 NW 13th Street, Sui 131 NW 13TH ST., SUITE 36 **BOCA RATON FL 33432** Zip Code 3 3432 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. name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11, þ **Addition** □ Delete TITLE Randy Parks 10772 Sandy Run Road NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jupiter, FL 33478 **A**ddition ☐ Change ☐ Delete TITLE TITLE John Sugrue 1151 SW 5+h Avenue NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Boca Ration, FL 33432 CITY-ST-ZIF ☐ Delete X Change Addition TITLE John Kalser NĂME NAME 541 SW 16 Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Boca Raton, FL 33432 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

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, Ath all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

IGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Delete

3-14-00

561-362-0049

☐ Change

Addition

Daytime Phone #