

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/22/01 1/21  
\* 2

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90125 005 \*\*\*\*\*88.75  
01-22-2001 90015 046 \*\*\*\*\*61.25

DOCUMENT # P99000009434

1. Entity Name

VERSACOM INTERNATIONAL, INC.

Principal Place of Business

131 NW 13TH ST., SUITE 36  
BOCA RATON FL 33432

Mailing Address

131 NW 13TH ST., SUITE 36  
BOCA RATON FL 33432

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0892364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARKS, RANDY  
131 NW 13TH ST., SUITE 36  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name: Fred Schwartz

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

131 NW 13th St., Suite 36

City: Boca Raton

FL

Zip Code  
33432

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-12-01

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

|       |   |      |              |                |                    |             |                     |                                            |
|-------|---|------|--------------|----------------|--------------------|-------------|---------------------|--------------------------------------------|
| TITLE | D | NAME | PARKS, RANDY | STREET ADDRESS | 10772 SANDY RUN RD | CITY-ST-ZIP | JUPITER FL 33478    | <input checked="" type="checkbox"/> Delete |
| TITLE | V | NAME | SUGRUE, JOHN | STREET ADDRESS | 1151 SW 5TH AVE    | CITY-ST-ZIP | BOCA RATON FL 33432 | <input type="checkbox"/> Delete            |
| TITLE | V | NAME | KAISER, JOHN | STREET ADDRESS | 541 SW 15 ST       | CITY-ST-ZIP | BOCA RATON FL 33432 | <input type="checkbox"/> Delete            |
| TITLE |   | NAME |              | STREET ADDRESS |                    | CITY-ST-ZIP |                     | <input type="checkbox"/> Delete            |
| TITLE |   | NAME |              | STREET ADDRESS |                    | CITY-ST-ZIP |                     | <input type="checkbox"/> Delete            |
| TITLE |   | NAME |              | STREET ADDRESS |                    | CITY-ST-ZIP |                     | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|       |                               |      |                 |                |                           |             |                     |                                                                                         |
|-------|-------------------------------|------|-----------------|----------------|---------------------------|-------------|---------------------|-----------------------------------------------------------------------------------------|
| TITLE | DIRECTOR, VP - SECRETARY, COO | NAME | FRED SCHWARTZ   | STREET ADDRESS | 131 NW 13th St - Suite 36 | CITY-ST-ZIP | BOCA RATON FL 33432 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE | DIRECTOR, VP                  | NAME |                 | STREET ADDRESS |                           | CITY-ST-ZIP |                     | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | DIRECTOR, PRESIDENT, CEO      | NAME |                 | STREET ADDRESS |                           | CITY-ST-ZIP |                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE | DIRECTOR                      | NAME | MURRAY SCHWARTZ | STREET ADDRESS | 7343 LAKE WORTH RD.       | CITY-ST-ZIP | LAKE WORTH FL 33467 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE |                               | NAME |                 | STREET ADDRESS |                           | CITY-ST-ZIP |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE |                               | NAME |                 | STREET ADDRESS |                           | CITY-ST-ZIP |                     | <input type="checkbox"/> Change <input type="checkbox"/> 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:

VP, Sec.

01-02-01

581-362-0049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)