5-13-2002 2:43PM FROM S RIVERA-OLAN. C. P. A. 407 380

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93599 049 ***150.00

DOCUMENT # P99000026093

1. Entity Name
VERSION ORIGINALE INTERNATIONAL, INC.

Principal Place of Business
7452 UNIVERSAL BLVD.
ORLANDO FL 32819

Mailing Address
7452 UNIVERSAL BLVD.
ORLANDO FL 32819

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7519 W. Sand Lake Rd.
Suite, Apt. #, etc.
City & State: Orlando, FL
Zip: 32819-5109 Country: USA

3. Mailing Address
7519 W. Sand Lake Rd
Suite, Apt. #, etc.
City & State: Orlando, FL
Zip: 32819-5109 Country: USA

4. FEI Number 59-3574827 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
PIRIOU, ELIZABETH
8386 SANDPOINTE BLVD.
ORLANDO FL 32819

7. Name and Address of New 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	P PIRIOU, ELIZABETH 8386 SANDPOINTE BLVD. ORLANDO FL 32819 ☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ 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 authority to sign, or the receiver or trustee empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/96)