## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P99000065492

Title:

Name:

Address:

City-St-Zip:

**Entity Name: VARSUR CORPORATION** 

Apr 29, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1515 N OCEAN DRIVE # 101 HOLLYWOOD, FL 33019 US **New Mailing Address: Current Mailing Address:** 1515 N OCEAN DRIVE # 101 HOLLYWOOD, FL 33019 US FEI Number: 52-2185269 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GUARDADO, MARIA I 1515 OCEAN DRIVE HOLLYWOOD, FL 33019 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition VARENNES, FLAVIO O VARENNES, FLAVIO O Name: Name: **RECONQUISTA 661-9A** 1515 N OCEAN DR APT 101 Address: Address: City-St-Zip: BUENOS AIRES, CF 1003 AR City-St-Zip: HOLLYWOOD, FL 33019 US ( ) Delete Title: (X) Change ( ) Addition Title: Name: PINERO, JOSE M Name: PINERO, JOSE M 651 SE 13TH ST BLDG #4 AP 107 3060 W MARINA DR Address: Address: FORT LAUDERDALE, FL 33312 US DANIA, FL 33004 City-St-Zip: City-St-Zip: () Delete Title: (X) Change ( ) Addition Title: GUARDADO, MARIA I GUARDADO, MARIA I Name: Name: 651 SE 13TH ST BLDG #4 APT 107 3060 W MARINA DR Address: Address: City-St-Zip: DANIA, FL 33004 City-St-Zip: FORT LAUDERDALE, FL 33312 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address: City-St-Zip:

SIGNATURE: FLAVIO VARENNES D 04/29/2003

() Delete

( ) Change (X) Addition

REY, CRISTINA B

1515 N OCEAN DR APT 101

HOLLYWOOD, FL 33019 US