

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90141 045 ***150.00

DOCUMENT # P99000073102

1. Entity Name
VERA & SAMPER, INC.



Principal Place of Business
**921 SOUTH PARK RD
SUITE 202
HOLLYWOOD FL 33021**

Mailing Address
**C/O DAVID J. HART, P.A.
21 SE 1 AVE 10TH FLOOR
MIAMI FL 33131**

AM



2. Principal Place of Business
2655 LE JEUNE Rd.

3. Mailing Address
2655 LE JEUNE Rd.

Suite, Apt. #, etc.
PENTHOUSE 2-B

Suite, Apt. #, etc.
PENTHOUSE 2-B

City & State
CORAL GABLES FLORIDA

City & State
CORAL GABLES FLORIDA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0965601

Applied For
Not Applicable

Zip
33134

Country
U.S.A.

Zip
33134

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HART, DAVID J
21 SE 1 AVE 10TH FLR
MIAMI FL 33131~~

AM

Name
SAHUEL VERA

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

2655 LEJEUNE RD. PENTHOUSE 2-B

City **CORAL GABLES** FL Zip Code **33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Samuel J Vera*

4-05/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **VERA, SAMUEL A**
STREET ADDRESS **CARRERA 10 NO. 85-47 APT 306**
CITY-ST-ZIP **BOGOTA-COLOMBIA**

TITLE **D.** ☒ Change ☐ Addition
NAME **VERA SAMUEL A**
STREET ADDRESS **CALLE 17 NO. 24-04 No 43**
CITY-ST-ZIP **PEREIRA COLOMBIA**

TITLE **D** ☐ Delete
NAME **VERA SAHUEL A.**
STREET ADDRESS **CALLE 17 NO. 24-04 No 43**
CITY-ST-ZIP **PEREIRA COLOMBIA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-05/03 305/444-7899

Date Daytime Phone #

CR2E034 (10/02)