

2000 UNIFORM BUSINESS REPORT (UBR)

02-25-2002 90091026 50.00

P99000090456

DOCUMENT # P99000090456

1. Entity Name

VERSITAL REALTY & FINANCE, INC.

versatile

PLEASE
CORRECT SPELLING

Principal Place of Business

Mailing Address

407 LINCOLN ROAD SUITE 5B
MIAMI BEACH FL 33139

407 LINCOLN ROAD SUITE 5B
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

5810 Biscayne Blvd #2

1542 Drexel Ave
306

City & State

City & State

Miami FL

Miami Beach FL

Zip

Country

Zip

Country

33137 USA

33137 USA

4. FEI Number

Applied For

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

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 reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME POWELL, TRACY
STREET ADDRESS 235 LINCOLN ROAD #206
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS 300005754373
CITY-ST-ZIP -06/11/02-01108-002
****150.00 ****150.00

TITLE President
NAME Tracy Powell
STREET ADDRESS 1542 Drexel Ave #306
CITY-ST-ZIP Miami Beach, FL 33139

TITLE President
NAME Lester Salomay
STREET ADDRESS 5810 Biscayne Blvd. #2
CITY-ST-ZIP Miami FL. 33137

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRSE034 (5/99)