

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90365 022 \*\*\*150.00

069617 AV

**DOCUMENT # P99000097888**

1. Entity Name

**VERBENA, INC.**

Principal Place of Business

**5005 SE LISBON CIRCLE  
 STUART FL 34997**

Mailing Address

**5005 SE LISBON CIRCLE  
 STUART FL 34997**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**5981 SE windsong lane**

**5981 SE windsong lane**

City & State

City & State

**Stuart, FL**

**Stuart, FL**

Zip

Country

Zip

Country

**34997**

**USA**

**34997**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHOLIN, CHRISTIAN N**

**505 SOUTH FLAGLER DRIVE SUITE-1001**

**WEST PALM BEACH FL 33401**

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)

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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ABOUJJA, BRAHIM</b>	
STREET ADDRESS	<b>5005 SE LISBON CIRCLE</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ABOUJJA, SIDI</b>	
STREET ADDRESS	<b>5005 SE LISBON CIRCLE</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*Brahim Aboujja*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/02**

Date

**(561) 221 8300**

Daytime Phone #

CR2E034 (9/01)