

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90004 034 ***150.00

DOCUMENT # V17884

1. Entity Name

VER, INC.

Principal Place of Business

Mailing Address

P.O. DRAWER 14126
 FT LAUDERDALE FL 33302

5900 COCONUT TERRACE
 PLANTATION FL 33317
 US

2. Principal Place of Business

10686 Katmandu Ct.

Suite, Apt. #, etc.

3. Mailing Address

10686 Katmandu Ct.

Suite, Apt. #, etc.

City & State

Boynton Beach, Fl.

City & State

Boynton Beach, Fl.

4. FEI Number

65-0349631

Applied For

Not Applicable

Zip
 33437

Country
 USA

Zip
 33437

Country
 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BERNARD, LEONARD M JR
 707 SE THIRD AVE #500
 FT LAUDERDALE FL 33316

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

Robert Oliveras

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-01

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	D	<input type="checkbox"/> Delete
NAME	BERNARD, LEONARD M JR	
STREET ADDRESS	707 S E THIRD AVE #500	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	OLIVERAS, TED	
STREET ADDRESS	5900 COCONUT TERRACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	OLIVERAS, ROBERT T	
STREET ADDRESS	5900 COCONUT TERRACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	OLIVERAS, MICHAEL T	
STREET ADDRESS	5900 COCONUT TERRACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	OLIVERAS, MICHAEL T	
STREET ADDRESS	5900 COCONUT TERRACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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.

ROBERT T OLIVERAS.

SIGNATURE: *Robert Oliveras*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice-Pres. 04/25/01 (561) 735-4288

Date

Daytime Phone #

CR2E034 (10/00)