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2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

Apr 01, 2002 8:00 am Secretary of State V18896 **DOCUMENT #** 1. Entity Name 04-01-2002 90033 027 ***150.00 VERO ENTERTAINMENT, INC. Principal Place of Business Mailing Address - 2007 BANYAN BLVD. CIR. 1918 U.S. HWY 1 BOCA RATON FL 39481 VERO BEACH FL 32960 US HS 2. Principal Place of Business 7656 Elmridge Urive Sylte, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0318162 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AVERBOOK, CHARLES J. Street Address (P.O. Box Number is Not Acceptable) -2887 Banyan Bevd. Cir. BOCA RATON FL 33431 of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the purposition SIGNATUR Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change CR2E034 (9/01 TITLE ☐ Delete TITLE AVERBOOK, CHARLES J. 7656 Elmridge Drive Roce Data Fel. 33433 AVERBROOK, CHARLES J. NAME NAME 2887 BANYAN BLVD. CIR. STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP VSD ☐ Delete TITLE M Change ☐ Addition TITLE AVERBOOK, DEBORAH G. NAME NAME 2887 BANYAN BLVD. CIR. 7656 Elmride Prive Boca Rator, FL 33433 STREET ADDRESS STREET ADDRESS **BOCA RATON-FL** CITY-ST-ZIP CITY-ST-ZIP TITLE -Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.