

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000024725

FILED  
Apr 11, 2002 8:00 AM  
Secretary of State

Entity Name: VIRTUAL FAIR, INC.

**Current Principal Place of Business:**

5204 W COTTAGE TRAIL  
SIOUX FALLS, SD 57106

**New Principal Place of Business:**

**Current Mailing Address:**

5204 W COTTAGE TRAIL  
SIOUX FALLS, SD 57106

**New Mailing Address:**

FEI Number: 58-2462286      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CUERVO, MANUEL  
5121 SW 127TH PLACE  
MIAMI, FL 33175 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CCEO ( ) Delete  
Name: CUERVO, SUSAN M  
Address: 5204 W COTTAGE TRAIL  
City-St-Zip: SIOUX FALLS, SD 57106

Title: PDD ( ) Delete  
Name: COTTER, KATHLEEN DR. D.C.  
Address: 1533 VIA LEON  
City-St-Zip: PALOS VERDES ESTATES, CA 90274

Title: TCFO ( ) Delete  
Name: CUERVO, MANUEL  
Address: 5204 W COTTAGE TRAIL  
City-St-Zip: SIOUX FALLS, SD 57106

Title: SD ( ) Delete  
Name: COTTER, GLORIA V  
Address: 5204 W COTTAGE TRAIL  
City-St-Zip: SIOUX FALLS, SD 57106

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN M CUERVO

CCEO

04/11/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date