

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90308 048 \*\*\*158.75

0872227 MB

**DOCUMENT # P98000024725**

1. Entity Name  
**VIRTUAL FAIR, INC.**



Principal Place of Business  
**5204 W COTTAGE TRAIL  
SIOUX FALLS SD 57106**

Mailing Address  
**5204 W COTTAGE TRAIL  
SIOUX FALLS SD 57106**

2. Principal Place of Business  
**1405 S. Deerberry Trail**  
Suite, Apt. #, etc.

3. Mailing Address  
**1405 S. Deerberry Trail**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Sioux Falls, SD**

City & State  
**Sioux Falls, SD**

4. FEI Number **58-2462286**

Applied For  
 Not Applicable

Zip **57106** Country **USA**

Zip **57106** Country **USA**

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO CUERVO, SUSAN M 5204 W COTTAGE TRAIL SIOUX FALLS SD 57106</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDD COTTER, KATHLEEN DR. D.C. 1533 VIA LEON PALOS VERDES ESTATES CA 90274</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TCFO CUERVO, MANUEL 5204 W COTTAGE TRAIL SIOUX FALLS SD 57106</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD COTTER, GLORIA V 5204 W COTTAGE TRAIL SIOUX FALLS SD 57106</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CP Cuervo, Susan M 1405 S. Deerberry Trail Sioux Falls, SD 57106</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1405 S. Deerberry Trail</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1405 S. Deerberry Trail</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan M Cuervo **Susan M Cuervo** **4-15-03** **605-323-1369**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)