

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000036503

1. Entity Name
VIATRONIX INCORPORATED

FILED
Jul 28, 2000 8:00 am
Secretary of State
07-28-2000 90153 003 ***550.00

Principal Place of Business

5971 SW 47TH ST.
MIAMI FL 33155
US

Mailing Address

5971 SW 47TH ST.
MIAMI FL 33155
US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 523337

Suite, Apt. #, etc.

377 BAHIA AVENUE

Suite, Apt. #, etc.

City & State
KEY LARGO / FL

City & State
MIAMI / FL

Zip Country
33037 USA

Zip Country
33152 USA

4. FEI Number NOT APPLICABLE
65-0978972

Applied For
Not Applicable

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

NORTON, GREG
5971 SW 47TH STREET
MIAMI FL 33155

Name NORTON, GREG
Street Address (P.O. Box Number is Not Acceptable)
377 BAHIA AVENUE
City KEY LARGO FL Zip Code 33037

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 *Stephen G. Norton* S. G. NORTON / CFO 7/23/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	☒ Delete
NAME	SHEPPARD, RAY	
STREET ADDRESS	8715 SW 57TH STREET	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE	D	☒ Delete
NAME	NORTON, S G	
STREET ADDRESS	701 BRICKELL AVE SUITE 1200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	☒ Delete
NAME	STAFFORD, THOMAS R	
STREET ADDRESS	701 BRICKELL AVE SUITE 1200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	☒ Delete
NAME	BOND, ANN	
STREET ADDRESS	200 EL CAPITAN DRIVE #A-6	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO / PRESIDENT	☒ Change ☐ Addition
NAME	WILLIAMS, RICHARD B.	
STREET ADDRESS	257, TOLL GATE RD, ISLAMORADA, FL 33036	
CITY-ST-ZIP		
TITLE	CEO / D	☒ Change ☐ Addition
NAME	NORTON, S.G.	
STREET ADDRESS	377 BAHIA AVE	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	D	☐ Change ☐ Addition
NAME	STAFFORD, THOMAS R.	
STREET ADDRESS	377 BAHIA AVE	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	D	☐ Change ☒ Addition
NAME	ARIE KAUFMAN	
STREET ADDRESS	25 E. LOOP RD, SUITE 206	
CITY-ST-ZIP	STONY BROOK, NY 11790	
TITLE	D	☐ Change ☒ Addition
NAME	JENNIFER HANR	
STREET ADDRESS	25 E. LOOP RD, SUITE 206	
CITY-ST-ZIP	STONY BROOK, NY 11790	
TITLE	D	☐ Change ☒ Addition
NAME	MARK WAY MD	
STREET ADDRESS	25 E. LOOP RD, SUITE 206	
CITY-ST-ZIP	STONY BROOK, NY 11790	

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 *Stephen G. Norton* S. G. NORTON / CFO 7/23/00 305-451-2804
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)