

FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90008 014 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600036503			
1. Entity Name Viatronix Incorporated			
Principal Place of Business 12515 N. Kendall Drive Suite 406 Miami, FL 33186 US		Mailing Address 12515 N. Kendall Drive Suite 406 Miami, FL 33186 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0978972		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Norton, Greg 12515 N. Kendall Drive Suite 406 Miami, FL 33186		Name 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$250.00 Make Check Payable to Department of State			
OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/President William, Richard B. 257 Toll Gate Road Islamorada, FL 33036	<input type="checkbox"/> Delete	CR2E034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/CFO Norton, S. Greg 377 Bahia Avenue Key Largo, FL 33037	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stafford, Thomas R. 377 Bahia Avenue Key Largo, FL 33037	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kaufman, Arie 25 E. Loop Road, Suite 206 Stony Brook, NY 11790	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Laing, Jerome 25 E. Loop Road, Suite 206 Stony Brook, NY 11790	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wax, Mark MD 25 E. Loop Road, Suite 206 Stony Brook, NY 11790	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jim Mieszkala 12515 N. Kendall Drive Ste 406 Miami FL 33186 USA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12515 N. Kendall Drive, Ste 406 Miami FL 33186 USA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12515 N. Kendall Avive, Ste 406 Miami FL 33186 USA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Stephen G Norton</i>		S.G. Norton, CFO	6/12/00 305-598-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

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DO NOT WRITE IN THIS SPACE