2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

FILED DOCUMENT # **P97000044350** Apr 24, 2000 8:00 am 1. Entity Name **Secretary of State** VIERA SERVICES CORP. 04-24-2000 90146 007 ***150.00 Mailing Address Principal Place of Business 3016 NORTHWEST 69TH COURT 3016 NORTHWEST 69TH COURT FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309-1353 2. Principal Place of Business 3. Mailing Address Mockingbird Hill Dr. 3709 Mackingbird DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0754776 Not Applicable Jensen pusen \$8.75 Additional Zip Zρ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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. ☐ Delete TITI F TITLE VEATOR DAVID VEATOR, DAVID NAME NAME 3709 MOCKINGBIRD HILL DR. STREET ADDRESS STREET ADDRESS 3016 NORTHWEST 69TH COURT CITY-ST-ZIP CITY-ST-ZIP ENSEN BEACH FL FT LAUDERDALE FL 33309 ☐ Addition Change TITLE ☐ Delete TITLE VEATOR CYNTHIA R VEATOR, CYNTHIA R NAME NAME 3709 MOCKINGBIRD HILL DR STREET ADDRESS STREET ADDRESS 3016 NORTHWEST 69TH COURT CITY-ST-ZIP CITY-ST-ZIP LENSEN BEACH FL FT LAUDERDALE FL 33309 34957 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change TITLE 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 in the property of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the receiver of the corporation of the receiver empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if essentially other like empowered.

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