

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90298 022 ***150.00

DOCUMENT # S81451

1. Entity Name
VIKING VENTURES, INC.

Principal Place of Business

255 ARAGON AVENUE
~~254-301-~~
CORAL GABLES FL 33134
US

Mailing Address

255 ARAGON AVENUE
~~PH-301~~
CORAL GABLES FL 33134
US

2. Principal Place of Business

255 Aragon Ave

Suite, Apt. #, etc.

#333

City & State
Coral Gables FL

3. Mailing Address

255 Aragon Ave

Suite, Apt. #, etc.

#333

City & State
Coral Gables FL



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0289359**

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

ANDREW R. WESTON
~~2333 PONCE DE LEON, PH 1100~~
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

255 Aragon Ave, Suite 333
 City *Coral Gables* FL Zip Code *33134*

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 *Andrew R. Weston* **ANDREW R. WESTON**

DATE *4/10/01*

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VTS	WESTON, ANDREW R.	2333 PONCE DE LEON BLVD.	CORAL GABLES FL	<input type="checkbox"/>
VD	COBB, SUE M.	2333 PONCE DE LEON BLVD.	CORAL GABLES FL	<input type="checkbox"/>
V	WESTON, ANDREW R.	2333 PONCE DE LEON BLVD	CORAL GABLES FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PR	President Sue <i>Sue</i>	<i>255 Aragon Avenue, Suite 333</i>	<i>CORAL GABLES FL 33134</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<i>255 Aragon Avenue, Suite 333</i>	<i>CORAL GABLES FL 33134</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<i>255 Aragon Avenue, Suite 333</i>	<i>CORAL GABLES FL 33134</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Director <i>Carmon</i>	<i>CHARLES E. COBB JR</i>	<i>255 Aragon Avenue Suite 333</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Andrew R. Weston* **ANDREW R. WESTON**

DATE *4/14/01*

DAYTIME PHONE # *305 441 1700*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)