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

## P00000030987 **DOCUMENT #** 1. Entity Name



03-03-2003 90467 005 \*\*\*150.00

VIATECH	TRADING, INC.			03-03-2003 90467 005 ***150.00
Principal Place of Business 11329 SW 109TH ROAD *A* MIAMI FL 33176		Mailing Address 11329 SW 109TH ROAD "A" MIAMI FL 33176		
2. Principal F	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0993247 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Curre	nt Registered Agent	- Al-	7. Name and Address of New Registered Agent
INTERNAT	TONAL REGERISTED AGENTS C	∩DD	Name	ماه المساوي والمساوي والمساوي الماها المساوية والمساوية والمساوية والمساوية والمساوية والمساوية والمساوية والمساوية والمساوية والمساوية والم
338 MINORCA AVENUE CORAL GABLES FL 33134			Street Addres	ss (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
the obligat	tions of registered agent.	nnt and title if applicable. (NOT	s registered office or regis	9. Election Campaign Financing \$5.00 May Be
Make Checi	k Payable to Florida Department	of State		Trust Fund Contribution.   Added to Fees
10.		D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FERNANDEZ, JOSE R 11329 SW 109TH ROAD "A" MIAMI FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:

SIGNATURE:

Prose Profesion 119.07(3)(i), Florida Statutes: I further certify that the information indicated on 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.

Prose Profesion 120/03 (305) 444-7282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #