

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91176 035 ***150.00

DOCUMENT # 854878

1. Entity Name

VIFERE CORP. N.V.

Principal Place of Business

12460 S.W. 8TH ST., #209
 MIAMI FL 33184

Mailing Address

P.O. BOX 560683
 MIAMI FL 33256

2. Principal Place of Business

12460 SW 8TH ST
 Suite, Apt. #, etc.
 SUITE 209 (201)

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

Zip

33184

Country

USA.

Zip

Country

4. FEI Number 98-0056155

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

QUESADA, G. FRANK ESQ.
 1313 PONCE LE LEON BLVD
 SUITE 200
 CORAL GABLES FL 33134

Name

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

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

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!
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	PD	<input type="checkbox"/> Delete
NAME	IRASTORZA, BENITO	
STREET ADDRESS	P.O. BOX 560683	
CITY-ST-ZIP	MIAMI FL 33256	
TITLE	SD	<input type="checkbox"/> Delete
NAME	IRASTORZA, R.	
STREET ADDRESS	P.O. BOX 560683	
CITY-ST-ZIP	MIAMI FL 33256	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEW HEMISPHERE TRUST CO.	
STREET ADDRESS	SNIGWEG 41, CURACAO	
CITY-ST-ZIP	NETHERLANDS ANTILL.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for 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 the 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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BENITO M. IRASTORZA, PRES 09/30/01 (305) 667-3134

Date

Daytime Phone #

CR2E034 (10/00)