

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90316 048 ***150.00

DOCUMENT # F44427

1. Entity Name

VIA INSURANCE, INC.

Principal Place of Business

**9200 S. DEDELAND BLVD.
STE. 314
MIAMI FL 33156
US**

Mailing Address

**9200 S. DADELAND BLVD.
STE. 314
MIAMI FL 33156
US**

00040003

2. Principal Place of Business

13205 S.W. 137 Avenue

3. Mailing Address

13205 S.W. 137 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 231

Suite 231

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33186

Country

USA

Zip

33186

Country

USA

4. FEI Number

59-2122192

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

**VANCURA, JOSEPH L
9200 S. DADELAND BLVD
SUITE 314
MIAMI FL 33156**

Name

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

13205 S.W. 137 Avenue

Suite 231

City

Miami

FL

Zip Code
33186

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 Joseph L. Vancura, President

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

TITLE **S** ☐ Delete
NAME **VANCURA, JOSEPH L.**
STREET ADDRESS **9200 S. DADELAND BLVD, SUITE 314**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **PTD** ☐ Delete
NAME **VANCURA, JOSEPH L**
STREET ADDRESS **9200 S. DADELAND BLVD, STE 314**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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

March 30, 2001 305-259-8011

Date

Daytime Phone #

CR2E034 (10/00)

019317