

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90009 034 ***150.00

DOCUMENT # G56096

1. Entity Name
VIAREGIO CORP.

Principal Place of Business 2140 W. FLAGLER ST #109 MIAMI FL 33135 US	Mailing Address C/O MENDEZ-INSUA & CO PA 8300 S. W. 8TH ST.. #303 MIAMI FL 33144 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address ENRIQUE LORENZO, CPA
Suite, Apt. #, etc.	Suite, Apt. #, etc. 13032 SW 5TH ST.
City & State	City & State MIAMI FL

4. FEI Number 59-2626756	Applied For <input type="checkbox"/> Not Applicable
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Zip 33135-1662	Country USA	Zip 33184-1216	Country USA
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NIETO S., BENIGNO
 11867 SW 93RD TERR
 MIAMI FL 33186**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	TPD	<input type="checkbox"/> Delete
NAME	NIETO, BENIGNO S.	
STREET ADDRESS	11867 SW 93RD TERR	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GONZALEZ, EDITH T	
STREET ADDRESS	2140 W. FLAGLER ST. #109	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	V	<input type="checkbox"/> Delete
NAME	GONAZALEZ, RALPH	
STREET ADDRESS	2140 W. FLAGLER ST. #109	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	NIETO, CARIDAD N	
STREET ADDRESS	11867 SW 93RD TERR	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		
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 officers empowered.

SIGNATURE: *[Signature]* Date: 02/12/02 Daytime Phone #: President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)