2000 UNIFORM BUSINESS REPORT (UBR)

L95000000793 **DOCUMENT#** 1. Entity Name VIASPA, L.C. Principal Place of Business Mailing Address 2937 S.W. 27TH AVENUE 2937 S.W. 27TH AVENUE SUITE 201 SUITE 201 MIAM! FL 33133 MIAMI FL 33131-3043

APPROVED

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, SECRETARY OF STATE TALLAHASSEE, FLORIDA



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| 2. Principal Place of Business 3. Mailing Address | | | | | | | | | | | |
| Suite, Apt. #, etc. Su | | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State Ci | | | City & State | City & State | | | 4. FEI Number 65-0649184 | | | plied For at Applicable | |
| Zip | | Country | Zip | Country | | 5. Certificat | 5. Certificate of Status Desired Status Desired See Required | | | | |
| | 6. Name | and Address of Curren | 7. Name and Address of New Registered Agent | | | | | | | | |
| | | | | | Name | | | | | **** | |
| FLORIDA INCORPORATORS, INC. | | | | | | | | | | | |
| | | • | | | Street Addres | ss (P.O. Box Numb | er is Not Acceptable) | | | | |
| | CKELL AVE., | SÍE 300 . | | | | | | | | | |
| MIAMI FL | 33131 | | | | | | | | | | |
| | | | | City | | | | FL | Zip Cod | Э | |
| 8. The above | named entity | submits this statement | or the purpose of changing its | s reaistere | ed office or reais | stered agent, or be | oth, in the State of Flor | da. | | | |
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| SIGNATURE | | | | | | | ı | | | | |
| SIGNATURE | Signature, typed | or printed name of registered ager | and title if applicable (NOT | ΓΕ: Registere | d Agent signature requ | uired when reinstating) | | DATE | | | |
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| 9. MANAGING MEMBERS/MEMBERS | | | | | | | ADDITIONS/ | | | | |
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| STREET ADDRESS CITY-ST-ZIP TITLE NAME | | ······································ | \$ | MAM STRE CITY TITLI MAM STRE | E EET AODRESS - ST- ZIP E | | , | | ☐ Change | Addition | |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #