

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90195 029 ***150.00

DOCUMENT # M39190

1. Entity Name
VIAS, INC.



Principal Place of Business
C/O CARLOS M. VIAS
3380 SW 139 AVENUE
MIAMI FL 33175

Mailing Address
C/O CARLOS M. VIAS
3380 SW 139 AVENUE
MIAMI FL 33175

69014772



2. Principal Place of Business

7990 SW 117 AVE

3. Mailing Address

Suite, Apt. #, etc.

137

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33183

Country

Zip

Country

4. FEI Number **59-2632148**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

VIAS, CARLOS M.
3380 SW 139 AVENUE
MIAMI, FL 33175

7. Name and Address of New Registered Agent

Name

ANTONIO VIAS

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

7990 SW 117 AVE. SUITE 137

City

MIAMI

FL

Zip Code

33183

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/4/03

DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **VIAS, CARLOS M.**
STREET ADDRESS **3380 SW 139 AVENUE**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **VD** ☐ Delete
NAME **VIAS, SARA M**
STREET ADDRESS **3380 SW 139 AVENUE**
CITY-ST-ZIP **MIAMI FL 33175**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
NAME **VIAS ANTONIO**
STREET ADDRESS **7990 SW 117 AVE. SUITE 137**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE **VD** ☐ Change ☐ Addition
NAME **VIAS CARLOS M**
STREET ADDRESS **7990 SW 117 AVE. SUITE 137**
CITY-ST-ZIP **MIAMI, FL 33183**

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

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

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

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

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: **X** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03 **786-402-4444**

Date

Daytime Phone #

CR2E034 (10/02)