2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered

Mar 19, 2002 8:00 am P00000030987 DOCUMENT # **Secretary of State** 1. Entity Name 03-19-2002 90037 022 ***150.00 VIATECH TRADING, INC. Principal Place of Business Mailing Address 11329 SW 109TH ROAD "A" 11329 SW 109TH ROAD "A" MIAMI FL 33176 MIAMI FL 33176 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0993247 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u> International Registered Agents Corporation</u> CABEZA, MANUEL E Street Address (P.O. Box Number is Not Acceptable) 338 Minorca Avenue 338 MINORCA AVENUE **CORAL GABLES FL 33134** Zip Code 33134 Corla Gables 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. February 22, 2002 Maria Elena Cabeza, President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) ☐ Addition Change TITLE Pŝt Delete TITLE FERNANDEZ, JOSE R NAME NAME STREET AODRESS STREET ADDRESS 11329 SW 109TH ROAD "A" CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

Jose R. Fernandez, President 2/22/02 (305) 444-7282