2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90328 017 ***150.00

1. Entity Name	VIENT # P00000387 VELOPMENT, CORP.	/8 V								
Principal Place of Business 9370 SUNSET DR., STE. A-202 MIAMI, FL 33173		Mailing Address 9370 SUNSET DR., STE. A-202 MIAMI, FL 33173				11030334				
2. Principal Place of Business 2000 Pouce De Leon ULVD Suite, Apt. 4, etc.		3. Mailing Address 2000 Poce De Leon Blub Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State	tool	City & State			4. F	El Number			plied For]
	CABLES, FL &	COEAL GABLA	~ / /			65-1095975	•		t Applicable	1
Zip 33134	Country Country	Zip 33/34	Count	")S4		Certificate of Status Desired	⊔ ře	8.75 Add e Required		
	6. Name and Address of Current F			Name	7. N	ame and Address of New R	egistered Age	ent		}
	JEFFREY DREW NDALL DR., STE. 202 33176				dress (P.O. B	(P.O. Box Number is Not Acceptable)				
				City			FL	Zip Code)	1
	named entity submits this statement for ions of registered agent.	the purpose of changing li	ts registere	d office or re	egistered age	ent, or both, in the State of Fig	rida. Lam fan	niliar with,	and accept	1
SIGNATURE										
	Signaluse, typed or printed name of segistated agent a	nut úteril apīplicabe. (NC	TE: Regionre	d Agent#ignatur@	M northy beniupe:	instating)	CATE			-
After	FILE NOWIH, FEE IS \$156.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	r State				Election Campaign Fin Trust Fund Contribution			D May Be to Fees	ļ
10.	OFFICERS AND I	DIRECTORS	11.			DITIONS/CHANGES TO OFF				-
TITLE NAME STREET ADDRESS CITY-ST-2P	PD GUERRA, MARTIN 9370 SUNSET DR., STE. A-202 MIAMI, FL 33173	□ Delete			2000 6	MATTINGO DE LEON. GABLES, FI	BCUD (Change	□ Addition	CRZE034 (10/02
TITLE	D	☐ Delete	1016		2	• 1		Change	Addition	CEZ
NAME STREET ADDRESS CITY-ST-ZIP	GUERRA, JUDITH FLORES 9370 SUNSET DR., STE. A-202 MIAMI, FL 33173			ET ADDRESS	SULLA 2000 CORA	1	ou BW. <u>C 331</u>	0 G1	=_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				- ,] Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-2P		☐ Defeite				4	{] Change	☐ Adnition	
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete						Change	Addition	
	certify that the information supplied with ton this report or supplemental report is poration or the receiver or trustee emporation or an attachment with an address of the contract of the co	true and accurate and that swered to execute this repo with all other like empowers		ture shall havired by Chap	a the remai	lacel attact en it meda under i	sath that I am	an Alliver	OF CHESCHOL	