

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064830

1. Entity Name
VIOTA & ASSOCIATES, INC.

Principal Place of Business

1345 SW 143 COURT
MIAMI FL 32184

Mailing Address

1345 SW 143 COURT
MIAMI FL 32184

2. Principal Place of Business

1181 SW 78 PL.

Suite, Apt. #, etc.

3. Mailing Address

1181 SW 78 PL

Suite, Apt. #, etc.

City & State

MIAMI FL 33144

Zip

Country

City & State

MIAMI FL 33144

Zip

Country

4. FEI Number

05-1023151

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIOTA, MARTHA
1345 SW 143 COURT
MIAMI FL 32184

7. Name and Address of New Registered Agent

Name

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

1181 SW 78 PL

City

MIAMI

FL

Zip Code

33144

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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	PSTD	<input type="checkbox"/> Delete
NAME	VIOTA, MARTHA	
STREET ADDRESS	1345 SW 143 COURT	
CITY-ST-ZIP	MIAMI FL 32184	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VIOTA, RAMIRO	
STREET ADDRESS	1345 SW 143 COURT	
CITY-ST-ZIP	MIAMI FL 32184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1181 SW 78 PL	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1181 SW 78 PL	
CITY-ST-ZIP	MIAMI FL 33144	
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTHA VIOTA

3/22/01

Date

(305) 266-4277

Daytime Phone #

CR2E034 (10/00)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90044 028 ***150.00



DO NOT WRITE IN THIS SPACE