

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000074583**

1. Entity Name

VIERNES CORPORATION

Principal Place of Business

**7210 RED ROAD SUITE 221-2
MIAMI FL**

Mailing Address

**7210 RED ROAD SUITE 221-2
MIAMI FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

208

Suite, Apt. #, etc.

208

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1036999

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CASTRO, CARLOS ALBERTO
1200 BRIEKCLL AVE SUITE 1440
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
Castro, Carlos Alberto

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

1200 Brickell Ave suite 1440City
Miami**FL**Zip Code
33131

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 **D** ☒ Delete
NAME **MARTINEZ, EDELMIRA**
STREET ADDRESS **7210 RED ROAD SUITE 221-2**
CITY-ST-ZIP **MIAMI FL**TITLE **DV** ☒ Delete
NAME **FAGUNDO, CELIA**
STREET ADDRESS **7210 RED ROAD SUITE 221-2**
CITY-ST-ZIP **MIAMI FL**TITLE **D** ☒ Delete
NAME **CHAVES, CARLOS**
STREET ADDRESS **7210 RED ROAD SUITE 221-2**
CITY-ST-ZIP **MIAMI FL**TITLE **D** ☒ Delete
NAME **CONTRERAS, CORAYA**
STREET ADDRESS **7210 RED ROAD SUITE 221-2**
CITY-ST-ZIP **MIAMI FL**TITLE **D** ☒ Delete
NAME **MARTINEZ, MIRNA**
STREET ADDRESS **7210 RED ROAD SUITE 221-2**
CITY-ST-ZIP **MIAMI FL**TITLE **PD** ☒ Delete
NAME **ZAMBRANO, EDELMIRA M**
STREET ADDRESS **7210 RED ROAD SUITE 221-2**
CITY-ST-ZIP **MIAMI FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☐ Addition
NAME **Martinez, Edelmir**
STREET ADDRESS **7210 Red Road Suite 208**
CITY-ST-ZIP **Miami - FL**TITLE **VC** ☐ Change ☐ Addition
NAME **Fagundo, Celia**
STREET ADDRESS **7210 Red Road Suite 208**
CITY-ST-ZIP **Miami FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

Celia Fagundo**CELIA FAGUNDO****4-19-01****(786) 268-7777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0177282

CR2E034 (10/00)