

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

Zip

Country

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 1440
Miami FL 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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, EDELMIRA 7210 RED ROAD SUITE 221-2 MIAMI FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Martinez, Edelmiryo 7210 Red Road Suite 208 Miami - FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FAGUNDO, CELIA 7210 RED ROAD SUITE 221-2 MIAMI FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Fagundo, Celia 7210 Red Road Suite 208 Miami FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAVES, CARLOS 7210 RED ROAD SUITE 221-2 MIAMI FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTRERAS, CORAYA 7210 RED ROAD SUITE 221-2 MIAMI FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, MIRNA 7210 RED ROAD SUITE 221-2 MIAMI FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAMBRANO, EDELMIRA M 7210 RED ROAD SUITE 221-2 MIAMI FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #