

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000088526**1. Entity Name
VIA SOLFERINO, INC.**FILED**
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90501 029 ***158.75

0159640

Principal Place of Business
333 UNIVERSITY DR., #304
MIAMI FL 33134Mailing Address
333 UNIVERSITY DR., #304
MIAMI FL 33134

00060366



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2050 CORAL WAY3. Mailing Address
7098 BONITA DRIVESuite, Apt. #, etc.
STE. # 517

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDACity & State
MIAMI BEACH, FLORIDA4. FEI Number
65-1033935Applied For
☐ Not ApplicableZip
33145Country
USZip
33141Country
US5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRULLENQUE, ESO., ANTHONY L
7098 BONITA DR.
MIAMI BEACH FL 33141

Name

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

City

FL

Zip Code

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 State10. 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
DP
GOMEZ, LILIANA
333 UNIVERSITY DR., #304
MIAMI FL 33134 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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NAME
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CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(PRESIDENT)

Date

Daytime Phone #

CR2E034 (10/00)