

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092423

1. Entity Name

VILWE CORPORATION

Principal Place of Business

9445 BIRD ROAD STE 105
MIAMI FL 33165

Mailing Address

9445 BIRD ROAD STE 105
MIAMI FL 33165

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1043829

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGRA, MANUEL V
9445 BIRD ROAD STE 105
MIAMI FL 33165

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 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	DP	<input type="checkbox"/> Delete
NAME	AGRA, MANUEL V	
STREET ADDRESS	9445 BIRD ROAD STE 105	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WETH, CARMEN M	
STREET ADDRESS	CARABELAS 281	
CITY-ST-ZIP	BUENOS AIRES ARGENTINA	
TITLE	DS	<input type="checkbox"/> Delete
NAME	VILANOVA, MARCELO M	
STREET ADDRESS	CARABELAS 281	
CITY-ST-ZIP	BUENOS AIRES ARGENTINA	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILANOVA, MARINANO	
STREET ADDRESS	CARABELAS 281	
CITY-ST-ZIP	BUENOS AIRES ARGENTINA	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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:

Manuel V. Agre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel V. Agre

Date

April 16/01 607-2001-8820

Deputy Phone #

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90034 037 ***158.75

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DO NOT WRITE IN THIS SPACE