

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90049 002 \*\*\*150.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101474

1. Entity Name

VIACON GROVES, INC.

Principal Place of Business

PO BOX 1940  
VERO BEACH FL 32960

Mailing Address

109 FOREST HILL BLVD  
WEST PALM BEACH FL 33405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-1074134

Applied For

Not Applicable

5. 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

IGLESIAS, JORGE  
 1843 INDIAN ROAD  
 WEST PALM BEACH FL 33406

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 Agents 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	D	<input type="checkbox"/> Delete
NAME	CONTRERAS, ANTONIO L	
STREET ADDRESS	109 FOREST HILL BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONTRERAS, ADELA M	
STREET ADDRESS	109 FOREST HILL BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIAMONTES, RAFAEL J	
STREET ADDRESS	2005 CORTEZ AVE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIAMONTES, JORGE A	
STREET ADDRESS	1918 WYOMING AVE	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIAMONTES, JOSE A	
STREET ADDRESS	1100 W. WEATHERBEE ROAD	
CITY-ST-ZIP	FT PIERCE FL 34982	
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		
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

Date

Daytime Phone #

CR2034 (10/00)