

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 22, 2003 8:00 am**  
**Secretary of State**

08-22-2003 90101 014 \*\*\*150.00

DOCUMENT# **P01000002067**

1. Entity  
**ROBERTO VIEIRA INC.**



Principal Place of  
**18868 LA COSTA LANE  
BOCA RATON FL 33496**

Mailing  
**18868 LA COSTA LANE  
BOCA RATON FL 33496**

**90152291**

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number  
**651067750**

Applied For  
**Not Applicable**

Zip Country  
**USA**

Zip Country  
**USA**

5. Certificate of Status  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered

7. Name and Address of Now Registered

**VIEIRA, ROBERTO  
18868 LA COSTA LANE  
BOCA RATON FL 33496**

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

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Department of State

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** may Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>VIEIRA, ROBERTO</b> <b>18868 LA COSTA LANE</b> <b>BOCA RATON FL 33496</b>	<input type="checkbox"/> Delete
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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 qualified 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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Attachment

90152291

Deerfield Beach, FL August 20, 2003.

FLORIDA DEPARTMENT OF STATE  
REINSTATEMENT DEPARTMENT  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation by the following name:

ROBERTO VIEIRA INC.  
Doc. # P01000002067

And we have not received the Annual Business Report 2003 first notice to renew our corporation's name.

Now we come before this honorable Department asking to wave any penalty once we did not received the first notice and we did not know that was supposed to be renewing annually.

Was not our intention to be late with the Department State of Florida, which we honor and respect the laws and regulations.

Please accept the update form 2003 Annual Business Report along with a check of \$ 150,00 to pay the fee.

Thank you for your cooperation and concern, and if you have any question or concern regarding this matter, do not hesitate to contact us.

Sincerely,

  
ROBERTO VIEIRA  
President