

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

4/10/

04-10-2003 90081 013 ***150.00

DOCUMENT # P02000006762

1. Entity Name
VIEQUES CORPORATION



Principal Place of Business
C/O RICHARD MARK BRENNER, ESQ.
21 SE 1ST. AVE., STE. 800
MIAMI FL 33131

Mailing Address
C/O RICHARD MARK BRENNER, ESQ.
21 SE 1ST. AVE., STE. 800
MIAMI FL 33131

55039119



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
010621766

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Richard M. Brenner

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

21 SE 1 Ave, Ste 800

City Miami

FL

Zip Code 33131

~~LEE, STEVEN P ESQ~~
~~STEVEN P. LEE, P.A.~~
~~1699 CORAL WAY, STE. 302~~
~~MIAMI FL 33145-2880~~

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Richard M. Brenner

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/2003

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNER, RICHARD MARK 21 SE 1ST AVE., STE. 800 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

1/10/2003

305-372-8899

CR2E034 (10/02)