

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91899 038 ***150.00

DOCUMENT # *PO 2000025974*

1. Entity Name

Viana Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1637 NW 80 AVE

3. Mailing Address
1637 NW 80 AVE

Suite, Apt. #, etc.
UNIT B

Suite, Apt. #, etc.
UNIT B

DO NOT WRITE IN THIS SPACE

City & State
MARGATE FL

City & State
MARGATE, FL

4. FEI Number
030401038

Applied For
Not Applicable

Zip
33063

Country
BROWARD

Zip
33063

Country
BROWARD

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

7. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

Name
ANTHONY G. COLEMAN JR. P.A.
Street Address (P.O. Box Number is Not Acceptable)
3275 W. HILLSBORO BLVD SUITE 207
DEERFIELD, BEACH
City **FL** Zip Code **33442**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VIANA FLEURIMA
PRESIDENT
1637 NW 80 AVE UNIT B
MARGATE, FL 33063

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Viana Fleurima*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/03