

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90195 008 ***158.75

DOCUMENT # P02000128813

1. Entity Name

VIALMAR INVESTMENTS, INC.



Principal Place of Business

150 SE 2 AVENUE
SUITE 1009
MIAMI FL 33131

Mailing Address

PO BOX 145388
CORAL GABLES FL 33114-5388

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

22-3892921

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

VALLE, ALBERTO

150 SE SECOND AVENUE
SUITE 1009
MIAMI FL 33131

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

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 Florida 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
P
MARTINEZ SERODIO, BASILIO
150 SE SECOND AVENUE, SUITE 1009
MIAMI FL 33131

☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP
V
VALLE, ALBERTO
150 SE SECOND AVENUE, SUITE 1009
MIAMI FL 33131

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V
AGUILERA, GUIDO A
815 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

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VALLE, ALBERTO
150 SE SECOND AVENUE, SUITE 1009
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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 (Alberto Valle) 2/20/03 305 3720089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)