

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90971 049 ***158.75

DOCUMENT # P02000130372

1. Entity Name
VIALAIR, INC.



Principal Place of Business
ONE BISCAYNE TOWER STE 2975
TWO S BISCAYNE BLVD
MIAMI FL 33131

Mailing Address
ONE BISCAYNE TOWER STE 2975
TWO S BISCAYNE BLVD
MIAMI FL 33131

70023902



2. Principal Place of Business
7220 NW 36 ST.
Suite, Apt. #, etc. **# 642**

3. Mailing Address
7220 NW 36 ST.
Suite, Apt. #, etc. **642**

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL
Zip **33166** Country **DADE**

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MIAMI FL
Zip **33166** Country **DADE**

4. FEI Number
65-1164100

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

MACDANIEL, JOHN M
ONE BISCAYNE TOWER STE 2975
TWO S BISCAYNE BLVD
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 **PT** ☐ Delete
NAME **PINCIRO, FERNANDO A**
STREET ADDRESS **GENCRAL ROCA 2379 B 1602 DBQ**
CITY-ST-ZIP **FL PROVINCIA DE BUENOS AIRES**

TITLE **P/T** ☒ Change ☐ Addition
NAME **PINCIRO, FERNANDO A.**
STREET ADDRESS **7220 NW 36 ST # 642**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **V** ☐ Delete
NAME **ABDALA, OSCAR E**
STREET ADDRESS **VICTOR IIUGO 2458**
CITY-ST-ZIP **CIUDAD DE FUENOS/AIRES C1408**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **VAZQUEZ, GUSTAVO**
STREET ADDRESS **1421 TIMBERBEND DR**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

FERNANDO A. PINCIRO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/2003 (305)471.6910
Date Daytime Phone #

CR2E034 (10/02)