

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038131

1. Entity Name

VIA-FRANCE, CORP.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90060 015 ***150.00

Principal Place of Business

6881 NW 25 WAY
FORT LAUDERDALE FL 33309
US

Mailing Address

6881 NW 25 WAY
FORT LAUDERDALE FL 33309-1416
US

2. Principal Place of Business

1974 SW DEL RIO BLVD

Suite, Apt. #, etc.

3. Mailing Address

1974 SW DEL RIO BLVD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PORT ST LUCIE

City & State

PORT ST LUCIE

4. FEI Number

65-0417338

Applied For

Not Applicable

Zip

34953

Country

ST LUCIE

Zip

34953

Country

ST LUCIE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VIATEUR, CHEVRIER
1223 NE 15TH AVE
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

VIATEUR CHEVRIER

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

1974 SW DEL RIO BLVD

City

PORT ST LUCIE

FL

Zip Code

34953

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CHEVRIER, VIATEUR	
STREET ADDRESS	1223 NE 15 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHEVRIER, FRANCOISE	
STREET ADDRESS	1223 NE 15 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEVRIER VIATEUR	
STREET ADDRESS	1974 SW DEL RIO BLVD	
CITY-ST-ZIP	PORT ST LUCIE 34953	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEVRIER FRANCOISE	
STREET ADDRESS	1974 SW DEL RIO BLVD	
CITY-ST-ZIP	PORT ST LUCIE 34953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE Viator Chevri CHEVRIER VIATEUR 3-4-00 561-873-9228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)