

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

DOCUMENT # **P 940000 94 344**

1. Entity Name

AETHRA INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

701 BRICKELL AVE

Suite, Apt. #, etc.

1390

City & State

MIAMI (FL)

Zip

33131

Country

DADE

3. Mailing Address

701 BRICKELL AVE

Suite, Apt. #, etc.

1390

City & State

MIAMI (FL)

Zip

33131

Country

DADE

4. FEI Number

65-0571701

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GIORGIO VIEZZOLI

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

701 BRICKELL AVE #1390

City

MIAMI

FL

Zip Code

33131

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 **GIORGIO VIEZZOLI**

(Signature typed or printed name of registered agent and date if applicable)

(If Registered Agent signature required, attach statement)

04-10-02

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back)

☐

January 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
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GIORGIO VIEZZOLI
2843 SOUTH BAYSHORE DR. #9A
MIAMI FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**100005326991-
-04/23/02--01066--028
****150.00 ****150.00**

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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)(f), 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: **Giorgio Viezzoli**

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

FILED

02 APR 10 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E0378 (12/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 23, 2002

AETHRA TELECOMMUNICATION
701 BRICKELL AVENUE
SUITE 1390
MIAMI, FL 33131-9901 US

SUBJECT: AETHRA, INC.
Ref. Number: P94000094344

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 202A00003494

850-245-6939

State of Secretary FLA Dept. of State
409 E. Games Street
Tallahassee, FL 3239
Attention: Reinstatement