

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90050 027 ***150.00

DOCUMENT # **PA5 0000 23420**

1. Entity Name

VIA ROSA ASSOCIATES INC

Principal Place of Business

Mailing Address

**2263 NW 2nd Ave
 #210
 BOCA RATON FL 33431**

**2263 NW 2nd Ave
 #210
 BOCA RATON FL 33431**

2. Principal Place of Business

2263 NW 2nd Ave

Suite, Apt. #, etc.

210

3. Mailing Address

2263 NW 2nd Ave

Suite, Apt. #, etc.

210

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-0571288

Applied For

Not Applicable

Zip

33431

Country

USA

Zip

33431

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

770374

6. Name and Address of Current Registered Agent

**THEA WACHSMAN
 6615 VIA ROSA
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

GARY WACHSMAN

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

2263 NW 2nd Ave #210

City

BOCA RATON

FL

Zip Code

33431

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

4/27/01

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, 2001 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 **P, S, T, D** ☐ Delete
 NAME **GARY WACHSMAN**
 STREET ADDRESS **2263 NW 2nd Ave #210**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
 NAME ☐ Delete
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 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P, S, T, D** ☒ Change ☐ Addition
 NAME **GARY WACHSMAN**
 STREET ADDRESS **2263 NW 2nd Ave #210**
 CITY-ST-ZIP **BOCA RATON FL 33431**

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/01 561304330

CR2E034 (11/00)