

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90503 021 ***150.00

DOCUMENT # **PA5 0000 23420**

1. Entity Name

VIA ROSA ASSOCIATES INC ✓

DO NOT WRITE IN THIS SPACE

671130

2. Principal Place of Business

2263 NW 2nd Ave

3. Mailing Address

2263 NW 2nd Ave

Suite, Apt. #, etc.

210

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

7. Name and Address of Current Registered Agent

Name

GARY WACHSMAN

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

6693 GARDE ROAD

City

BOYNTON BEACH

FL

Zip Code

33437

**DO NOT WRITE
IN THIS SPACE**

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.

GARY WACHSMAN

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/26/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 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	OFFICER
NAME	GARY WACHSMAN
STREET ADDRESS	6693 GARDE ROAD
CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY WACHSMAN

4/26/02

5613629330

Date

Daytime Phone #

CR2E034B (12/01)