

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000065675

1. Entity Name

VIANET ENTERPRISES, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90012 022 ***550.00

Principal Place of Business 2700 CORPORATE PARKWAY SUITE 305 WESTON FL US	Mailing Address 15970 WEST STATE ROAD 84 #194 FT LAUDERDALE FL 33326-1228 US
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2. Principal Place of Business 194 Cameron Ct. Suite, Apt. #, etc.	3. Mailing Address 318 Indian Trace Suite, Apt. #, etc. #606
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City & State WESTON FL	City & State WESTON FL	4. FEI Number 65-0607728	Applied For Not Applicable
Zip 33326	Country US	Zip 33326	Country US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALTSCHUL, JOSEPH ESQUIRE
2700 CORPORATE PARKWAY
SUITE 305
WESTON FL 33331

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGAL, BARRY 194 CAMERON CT FT LAUDERDALE FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Sept 20, 2000 Daytime Phone #: 954-384-2295

CR2E034 (9/99)