

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017512

1. Entity Name
VICEMIL, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90060 018 ***150.00

Principal Place of Business

8181 NW 36TH ST, SUITE 28
MIAMI FL 33166
US

Mailing Address

8181 NW 36TH ST, SUITE 28
MIAMI FL 33166-6661
US

2. Principal Place of Business

8181 NW 36TH ST
Suite, Apt. #, etc.
SUITE 17-2

3. Mailing Address

8181 NW 36TH ST
Suite, Apt. #, etc.
SUITE 17-2

City & State

MIAMI-FL

City & State

MIAMI-FL

Zip

33166

Country

US

Zip

33166

Country

US

4. FEI Number

65-0661392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOTO, HECTOR J
6412 NW 82 AVE
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

EMILIO POUSA D.

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

6193 ROCK ISLAND RD # 319

City

TAMARAC

FL

Zip Code

33319

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 EMILIO A. POUSA D.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/20/00
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	DPST	<input type="checkbox"/> Delete
NAME	POUSA DIAZ, EMILIO A	
STREET ADDRESS	6193 ROCK ISLAND RD APT 319	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROJAS, YAURY E	
STREET ADDRESS	6193 ROCK ISLAND RD APT 319	
CITY-ST-ZIP	TAMARAC FL 33319	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: *

EMILIO POUSA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMILIO POUSA

2/20/00
Date

(954) 8121388
Daytime Phone #

CR2E034 (9/99)