

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90021 007 \*\*\*150.00

**DOCUMENT # P96000017512**

1. Entity Name  
**VICEMIL, INC.**

Principal Place of Business  
**8181 NW 36TH ST. STE 17-B**  
**MIAMI FL 33166**  
**US**

Mailing Address  
**8181 NW 36TH ST. STE 17-B**  
**MIAMI FL 33166**  
**US**

2. Principal Place of Business  
**6991 NW 82 Ave**

Suite, Apt. #, etc.  
**#102**

City & State  
**MIAMI, FL**

Zip  
**33166**

Country  
**USA**

3. Mailing Address  
**16475 Golf Club Rd.**

Suite, Apt. #, etc.  
**#102**

City & State  
**WESTON, FL**

Zip  
**33326**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

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**

**EMILIO, POUSA D**  
**6198 ROCK ISLAND RD # 319**  
**TAMARAC FL 33319**

**7. Name and Address of New Registered Agent**

Name  
**EMILIO POUSA**

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

**16475 Golf Club Rd. #102**

City  
**Weston**

FL

Zip Code  
**33326**

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST**  
**POUSA DIAZ, EMILIO A**  
**6193 ROCK ISLAND RD APT 319**  
**TAMARAC FL 33319**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**ROJAS, YAURY E**  
**6193 ROCK ISLAND RD APT 319**  
**TAMARAC FL 33319**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST**  
**POUSA DIAZ, EMILIO A.**  
**16475 Golf Club Rd. #102**  
**WESTON, FL-33326**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**ROJAS, YAURY E**  
**16475 Golf Club Rd. #102**  
**WESTON, FL-33326**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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

**4/25/01** (954)3491270  
Date Daytime Phone #

CR2E034 (10/00)