

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90329 008 ***150.00

DOCUMENT # P96000036503

1. Entity Name
VIATRONIX INCORPORATED



Principal Place of Business
25 EAST LOOP ROAD
SUITE 201
STONY BROOK NY 11790
US

Mailing Address
25 EAST LOOP ROAD
SUITE 201
STONY BROOK NY 11790
US



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

25 EAST LOOP ROAD

Suite, Apt. #, etc.

SUITE 201

City & State

STONY BROOK, NY

Zip
11790

Country
USA

3. Mailing Address

25 EAST LOOP ROAD

Suite, Apt. #, etc.

SUITE 201

City & State

STONY BROOK, NY

Zip
11790

Country
USA

4. FEI Number **65-0978972**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MIEZALA, LUIS 12515 N KENDALL DRIVE, SUITE 406 MIAMI FL 33186	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO NORTON, S G 12515 N KENDALL DRIVE, SUITE 406 MIAMI FL 33186	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAFFORD, THOMAS R 25 EAST LOOP ROAD Suite 201 STONY BROOK NY 11790	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFMAN, ARIE 25 E LOOP ROAD, SUITE 206 STONY BROOK NY 11790	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAING, JEROME 25 E LOOP ROAD, SUITE 206 STONY BROOK NY 11790	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAX, MARK MD 25 E LOOP ROAD, SUITE 206 STONY BROOK NY 11790	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BARNITT, DAVID 25 EAST LOOP ROAD, SUITE, 201 stony brook, NY 11790	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVALLO, ANTHONY 25 EAST LOOP ROAD, SUITE 201 STONY BROOK, NY 11790	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, CHARLES 25 EAST LOOP ROAD, SUITE 201 STONY BROOK, NY 11790	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)