2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2001 8:00 am Secretary of State

DOCUMENT # P98000034041 1. E-Pitty Name					Secretary of State 05-14-2001 90180 023 ***150.00			
VA	RI INTERNATIONAL,	INC.		4	,	, o. 100 o. 10	100.00	
Principal Place of Business Mailling Address								
2582-N-W70-SP 9701-S-W MHAMHF6-33166 MHAMHF6-			-5TH-STREET. -33174		- A0065518			
2. Principal Place of Business 8404 S.W. 40 ST. Suite, Apt. #, etc.		3. Mailing Address 8404 S.W. 40 ST. Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SDACE		
					DO NOT MAILE	IN THIS SPACE		
City & State MIAMI, FL		City & State MIAMI, FL		4.	FEI Number 65-0832231	Applied For Not Applicable		
Ziρ . 33155		Zip 33155	Country MIAMI-I	JADE	Certificate of Status Desired	Fee Rec	Additional tuired	_
	6. Name and Address of Current R	egistered Agent	Name		Name and Address of New Reg	Istered Agent		\dashv
SILVA, OMAR VILORIA 13422 S.W. 14 TERRACE			Street A	treet Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33172			Cin					
		City	y FL Zip Code					
8. The above SIGNATURE	named entity submitte this statement for	7	egistered office o		_	a. 0 4/26/c	/	
9. This corporate filling in (See criter	FEE IS \$150 1 Fee will be \$1 a to Departmen	00 550.00	10. Election Campaign Financ Trust Fund Contribution.	· — *	5.00 May Be			
11,	OFFICERS AND D	IRECTORS	12.	, A	DDITIONS/CHANGES TO OFFICE	RS AND DIRECT] _
TITLE HAME STREET ADDRESS	PD SILVA, OMAR VILORIA 13422 S.W. 14 TERRA	Delete A. ACE	TITLE NAME STREET ADDRESS			☐ Chan	ge 🗌 Addition	00,44,00
TITLE	MIAMI, FL 33172 TD	☐ Delete	CITY-ST-ZIP			☐ Chan	ge 🗌 Addition	1 200
NAME STREET ACCRESS CITY-ST-2P	DE VILORIA, DUVIS 13422 S.W. 14 TERRA MIAMI, FL 33172	ACE	STREET ADDRESS CITY-ST-ZIP					-
TITLE NAME STREET ADDRESS	VSB GUZMANEBGAR 4890-N-W108-PASS	∑ Delette	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Chang	ge 🗌 Addition	
CITY-ST-ZIP TITLE NAME	MIAMI, FL-33178 VPD VILORIA, ERICK	☐ Deless	MLE MAME			Chang	pe Addition	
STREET ADDRESS CITY-ST-ZIP	8582 N.W. 70 ST. MIAMI, FL 33166	<u> </u>	STREET ADDRESS CITY-ST-ZIP					-
TITLE		Oelete	TITLE NAME STREET ADDRESS			Chang	ge 🗌 Addition	
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>	<u> </u>	<u>.</u>		
TITLE	 .	☐ Defete	TITLE NAME			☐ Chang	e 🗌 Addition	
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					

13. Thereby certify that the information supplied with this filling 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 frue 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 effect like empowered.

SIGNATURE: COMMITTEE AND TYPE

SILVA, OMAR

SILVA, OMAR VILORIA

4/27/01

(305) 553-8080

Davime Phone •