

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90022 007 ***150.00

DOCUMENT # P98000035893

1. Entity Name
VIA RIO, INC.

Principal Place of Business

4011 N MERIDIAN AVE
#23
MIAMI FL 33140

Mailing Address

4011 N MERIDIAN AVE
#23
MIAMI FL 33140

2. Principal Place of Business

10855 NW 50 ST
 Suite, Apt. #, etc.
108

3. Mailing Address

10855 NW 50 ST
 Suite, Apt. #, etc.
108

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0866597

Applied For

Not Applicable

Zip

33178

Country

USA

Zip

33178

Country

USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEGOVIA, OVIDIO
4011 N MERIDIAN AVE **10855 NW 50 ST.**
APT 23 **APT. 108**
MIAMI BEACH FL 33140 **Miami FL 33178**

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, 2002 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	PD SEGOVIA, OVIDIO	<input type="checkbox"/> Delete
STREET ADDRESS	4011 N MERIDIAN AVE, APT 23	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE NAME	VSD SEGOVIA, NORA	<input type="checkbox"/> Delete
STREET ADDRESS	4011 N MERIDIAN AVE, APT 23	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10855 NW 50 ST. apt. 108	
CITY-ST-ZIP	Miami FL 33178	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10855 NW 50 ST. apt. 108	
CITY-ST-ZIP	Miami FL 33178	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Nora Segovia V.P. **4/18-02** **(786) 845-9472**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)