

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90129 037 ***150.00

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DOCUMENT # P98000035893

1. Entity Name
VIA RIO, INC.



Principal Place of Business
**10855 NW 50 ST
108
MIAMI FL 33178**

Mailing Address
**10855 NW 50 ST
108
MIAMI FL 33178**



2. Principal Place of Business

8255 Lake Dr.

3. Mailing Address

8255 Lake Dr.

Suite, Apt. #, etc.

F-303

Suite, Apt. #, etc.

F-303

☐ CHECK HERE IF MAKING CHANGES

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0866597

Applied For

☐ Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEGOVIA, OVIDIO

10855 NW 50 ST

APT 108

MIAMI FL 33178

**8255 Lake Dr F-303
Miami FL 33166**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SEGOVIA, OVIDIO**
STREET ADDRESS **10855 NW 50 ST APT 108**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☒ Change ☐ Addition
NAME **8255 Lake Dr. # F-303**
STREET ADDRESS **Miami FL 33166**
CITY-ST-ZIP

TITLE **VSD** ☐ Delete
NAME **SEGOVIA, NORA**
STREET ADDRESS **10855 NW 50 ST APT 108**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Change ☐ Addition
NAME **10178 NW 41TH ST**
STREET ADDRESS **MIAMI, FL 33178**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

7-30-03

786-488-7411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)