

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041214

1. Entity Name

VIKO INTERNATIONAL, INC.

R

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90160 020 ***150.00

Principal Place of Business

1490 NW 3RD AVE
STE #108
MIAMI FL 33136

Mailing Address

1490 NW 3RD AVE
STE #108
MIAMI FL 33136

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

4. FEI Number

65-0837176

Applied For

Not Applicable

Zip

Country

Zip

Country

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

OSAGIE, VICTOR
6955 NW 186 ST
#309
MIAMI FL 33015

16742 SW 36 Ct
Miramar, FL 33027

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

PS
OSAGIE, VICTOR
6955 NW 186TH ST #309
MIAMI FL 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

T
OSAGIE, MONICA
6955 NW 186TH ST #309
MIAMI FL 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

D
GILBERT, SANNNI
12571 NW 6TH AVE
MIAMI FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

D
FOSTER, O
3126 ATWATER DR
ORLANDO FL 32825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

16742 SW 36 Ct
Miramar, FL 33027

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

16742 SW 36 Ct
Miramar, FL 33027

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 1500

P48000041244

ADU69221

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*I did not receive
the 1st notice
in January*