2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 26, 2001 8:00 am Secretary of State DOCUMENT # **P99000043786** VIANORTE, INC. 03-26-2001 90014 050 ***150.00 Principal Place of Business Mailing Address 25 SOUTH EAST 2ND AVENUE 25 SOUTH EAST 2ND AVENUE SUITE 540 SUITE 540 UUU37635 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0918805 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PASSOS MAGALHAES, FRANCISCO IVAN Street Address (P.O. Box Number is Not Acceptable) 25 SOUTH EAST 2ND AVENUE SUITE 540 **MIAMI FL 33131** City Zip Code 8. The above named parity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE TE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FÍLE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** Delete TITLE ■ Addition ☐ Change NAME PASSOS MAGALHAES, FRANCISCO IVAN NAME STREET ADDRESS 25 SOUTH EAST 2ND AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Celete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 pine like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER Date Daytime Phone