

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072277

1. Entity Name

VIANA INVESTMENTS CORPORATION

FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90115 027 ***150.00

0289005
AV

Principal Place of Business
~~111 N.W. 183 ST., STE. 512~~ *1840 W. 49 ST. Suite 100*
~~N. MIAMI FL 33169~~ *HIALEAH, FL 33012*

Mailing Address
~~111 N.W. 183 ST., STE. 512~~
~~N. MIAMI FL 33169~~ *P.O. Box 42 Hallandale FL 33008*

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0945899** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
CASTILLO, ALBA N
~~111 N.W. 183 ST., STE. 512~~ *1840 W. 49 ST. #100*
~~N. MIAMI FL 33169~~ *Hialeah, FL 33012*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, ALBA N		NAME		
STREET ADDRESS	9521 SUNRISE BLVD #101		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33322		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, ALBA		NAME		
STREET ADDRESS	9521 SUNRISE BLVD #101		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33322		CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* **7/7/03** **305-690-8980**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)