2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Mar 31, 2000 8:00 am DOCUMENT # P99000097454 1. Entity Name **Secretary of State** VIBA PROFESSIONAL SERVICES INC 03-31-2000 90065 029 ***158.75 Principal Place of Business Mailing Address 17350 NW 69 CT #704 17350 NW 69 CT #704 MIAMI FL 33015 MIAMI FL 33015-7123 C0048972 3. Mailing Address 2. Principal Place of Business 7850 NW 67AVE 17850 NW69 AVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # A City & State MIAMI, FLORIDA Applied For City & State 4. FEI Number MIAMI, FLORIDA Not Applicable Country USA Zip **330/5** Country \$8.75 Additional 5. Certificate of Status Desired *330/5* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VITERI, ANDRES "VITERI, ANDRES" Street Address (P.O. Box Number is Not Acceptable) 17350 NW 69 CT #704 MIAMI FL 33015 19350 NW 69 CT # 104 Zip Code **330/5** 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 ANORES VITERI SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change TITLE PD Delete TITLE PD ☐ Addition NAME NAME VITERI, ANDRES VITERI, ANDRES STREET ADDRESS 19350NW 69CT #104 STREET ADDRESS 17350 NW 69 CT #704 MIAMI FL 33015 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33015** ☐ Detete TITLE Change ☐ Addition TITLE BALCAZAR, MARIA I NAME BALCAZAR, MARIA I NAME 17350 NW 69 CT # 104 STREET ADDRESS STREET ADDRESS 17350 NW 69 CT #704 CITY-ST-ZIP CITY-ST-ZIP MIAHI FL 33015 MIAMI FL 33015 TITLE Change Change ☐ Addition ☐ Delete TITLE BALCAZAR, LUIS BALCAZAR, LUIS NAME NAME 19350 NW 69 CT # 104 STREET ADDRESS STREET ADDRESS 17350 NW 69 CT #704 MIAMI FL 33015 CITY-ST-ZIP CITY-ST-ZIP MIAML FL 33015 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7LP 13. Thereby 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

ANDRES VITERI