

2000 UNIFORM BUSINESS REPORT (UBR)

0231725

DOCUMENT # F93000001430

1. Entity Name
SERVICIOS AVENSA S.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 AUG 18 AM 10:51

Principal Place of Business
2360 NW 66TH AVE.
BLDG. 701 STE 260
MIAMI FL 33122
US

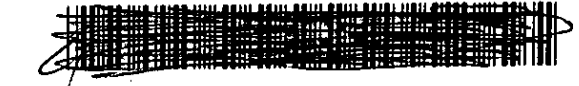
Mailing Address
P.O. BOX 520617
MIAMI FL 33152-0617
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE
07-13-00 90011 013 \$550.00
4. FEI Number 65-0274782 Applied For
Not Applicable

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

PENINSULA REGISTERED AGENTS, INC.
200 SOUTH BISCAYNE BLVD #4874
MIAMI FL 33131-2398

Name Juan J. Groba
Street Address (P.O. Box Number is Not Acceptable)
2360 NW 66 Ave., Bldg. 701 Ste. #211
City MIAMI FL Zip Code 33122

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 Juan J. Groba DATE 07-05-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatement) DATE 8-1-00

PAID
City MIAMI FL Zip Code 33122

CK. NO. 001332
07-05-00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	CP	<input type="checkbox"/> Delete
NAME	BOULTON, HENRY L	
STREET ADDRESS	TORRE EL CHORRO, PISO 13 AV. UNIVERSIDAD	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TERIUS, JOSE	
STREET ADDRESS	TORRE EL CHORRO, PISO 13 AV. UNIVERSIDAD	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, SANTIAGO	
STREET ADDRESS	TORRE EL CHORRO, PISO 13 AV. UNIVERSIDAD	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
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 other like empowered.

SIGNATURE: 4/20/200 (305) 871-8119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)