

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F970000004710**

1. Entity Name

VIASES EL CORTE INGLES INC.

Principal Place of Business

Mailing Address

**2601 S. BAYSHORE DR. SUITE 100
LOCONUT GROVE, FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3416033

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JUAN CARLOS BASABE
5005 COLLINS AVE. #1103
MIAMI BEACH, FL 33140**

Name

DEBORAH BENSADON

Street Address (P.O. Box Number is Not Acceptable)

21150 POINT PLACE APT. 705

City

AVENTURA

FL

Zip Code

33180

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12.19.00

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 \$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 **ASSISTANT PRESIDENT** ☒ Delete
NAME **JORDI CASTELLO**
STREET ADDRESS **330 E. 39TH STREET #17-F**
CITY-ST-ZIP **NEW YORK, NY 10016**

TITLE **ASSISTANT PRESIDENT** ☐ Change ☒ Addition
NAME **DEBORAH BENSADON**
STREET ADDRESS **21150 POINT PLACE APT #705**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **PDC** ☐ Delete
NAME **ALVAREZ, ISIDORO**
STREET ADDRESS **DR. ZAMENHOFF, 22**
CITY-ST-ZIP **MADRID 28027, SPAIN**

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

TITLE **SO** ☐ Delete
NAME **BEMINGO CONTRERAS, JUAN**
STREET ADDRESS **DR. ZAMENHOFF, 22**
CITY-ST-ZIP **MADRID 28027, SPAIN**

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

TITLE **T** ☐ Delete
NAME **MARTINEZ, CARLOS**
STREET ADDRESS **DR. ZAMENHOFF, 22**
CITY-ST-ZIP **MADRID 28027, SPAIN**

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

TITLE **DV** ☐ Delete
NAME **MUNARRIZ, FLORENCIO**
STREET ADDRESS **DR. ZAMENHOFF, 22**
CITY-ST-ZIP **MADRID 28027, SPAIN**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH BENSADON
ASSISTANT PRESIDENT

12.19.00
Date

305-8580801
Daytime Phone #

CR2E034 (9/99)