

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90757 035 ***150.00

0315114 AV

DOCUMENT # P02000083850

1. Entity Name
BUSINESS VENEUSA, INC.



Principal Place of Business
15481 S.W. 50TH LANE
MIAMI FL 33185

Mailing Address
15481 S.W. 50TH LANE
MIAMI FL 33185



2. Principal Place of Business
3141 COMMODORE PLAZA
Suite, Apt. #, etc.
COCONUT GROVE FL 33133
City & State

3. Mailing Address
3141 COMMODORE PLAZA
Suite, Apt. #, etc.
COCONUT GROVE FL
City & State

CHECK HERE IF MAKING CHANGES

Zip 33133 Country USA
Zip 33133 Country USA

4. FEI Number 51-0429343
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
DE DELGADO, CORINA GARCIA
15481 S.W. 50TH LANE
MIAMI FL 33185

7. Name and Address of New Registered Agent
Name CORINA GARCIA DE DELGADO
Street Address (P.O. Box Number is Not Acceptable) 3141 COMMODORE PLAZA
City Coconut Grove FL Zip Code 33133

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: *Corina Delgado*
Signature, typed or printed name of registered agent and title if applicable.

(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		<input type="checkbox"/> Delete
TITLE	D	<input type="checkbox"/> Delete
NAME	DELGADO, WILLIAM A	
STREET ADDRESS	15481 S.W. 50TH LANE	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE DELGADO, CORINA GARCIA	
STREET ADDRESS	15481 S.W. 50TH LANE	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Delgado WILLIAM A		
STREET ADDRESS	3141 COMMODORE PLAZA		
CITY-ST-ZIP	COCONUT GROVE FL 33133-5817		
TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Delgado CORINA GARCIA		
STREET ADDRESS	3141 COMMODORE PLAZA		
CITY-ST-ZIP	COCONUT GROVE FL 33133-5817		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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: *WILLIAM A DELGADO*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-11-03 Daytime Phone # 305-567-1533

CR2004 (10/02)