

2000 UNIFORM BUSINESS REPORT (UBR)

5/4/00-90102-041-\$150.00-\$150.00

DOCUMENT # P96000024278

1. Entity Name

CIA. INVERSIONISTA PESAN, INC.

FILED

00 JUN -9 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1101 BRICKELL AVE., SUITE 1400
MIAMI FL 33131-3117

Mailing Address

1101 BRICKELL AVE., SUITE 1400
MIAMI FL 33131-3117

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

PLEASE SEE ATTACHED

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

65-0671157

6. Name and Address of Current Registered Agent

GUTIERREZ, NICOLAS J JR
1101 BRICKELL AVE
STE 1400
MIAMI FL 33131

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PSTD	GUTIERREZ, JR, NICOLAS J ESQ	1101 BRICKELL AVE STE 1400	MIAMI FL 33131-3117	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
S				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	PEDROSO, JR, VICTOR M.	1304 Sopora Ave.	Coral Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	PEDROSO ARELLANO, ALINA	1304 Sopora Ave.	Coral Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	PEDROSO, JORGE J.	1304 Sopora Ave.	Coral Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	RIONDA, LILLIAN P.	1304 Sopora Ave.	Coral Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	CARRERA-JUSTIZ, VIVIEN	1304 Sopora Ave.	Coral Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: Nicolas J. Gutierrez, Jr., Esq., Sec. 4/25/00 (305) 973-0330
SIGNATURE AS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)