

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90267 008 \*\*\*550.00

**DOCUMENT # P99000010939**

1. Entity Name  
**LIBVEN INVESTMENT, CORP.**

Principal Place of Business  
 5757 COLLINS AVE.,#1205  
 MIAMI BEACH FL 33140

Mailing Address  
 5757 COLLINS AVE.,#1205  
 MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**D'**

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0987375**

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

**MAZZA-MARTINEZ, TANIA A**  
**782 NW LE JEUNE RD.,STE.638**  
**MIAMI FL 33126**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KURI, ANTONIO R MR.</b>
STREET ADDRESS	<b>5757 COLLINS AVE.,#1205</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DE RACHO, SUSANA M MS.</b>
STREET ADDRESS	<b>5757 COLLINS AVE.,#1205</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MIGUEL, JAMIL R MR.</b>
STREET ADDRESS	<b>5757 COLLINS AVE.,#1205</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MIGUEL, JORGE R MR.</b>
STREET ADDRESS	<b>5757 COLLINS AVE.,#1205</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>RACHO MIGUEL, ELIAS A MR.</b>
STREET ADDRESS	<b>5757 COLLINS AVE.,#1205</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>RACHO MIGUEL, SUSANA M MS.</b>
STREET ADDRESS	<b>5757 COLLINS AVE.,#1205</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>

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	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Susana Racho*  
**SUSANA RACHO MIGUEL**

**July 8, 2000**

**(305) 260-9972**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)