

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 01, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90100 049 \*\*\*150.00

**DOCUMENT # P99000029469**

1. Entity Name

**BONAVENTURE REAL ESTATE, INC.**

Principal Place of Business

Mailing Address

**2200 SUNTRUST INTERNATIONAL CENTER  
 ONE SE THIRD AVE  
 MIAMI FL 33131**

**2200 SUNTRUST INTERNATIONAL CENTER  
 ONE SE THIRD AVE  
 MIAMI FL 33131-1700**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0910356**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MACAULAY, ROBERT B  
 2200 SUNTRUST INTERNATIONAL CENTER  
 ONE SE THIRD AVE  
 MIAMI FL 33131**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD  
 NAME: MARIN, MARIO  Delete  
 STREET ADDRESS: 2200 SUNTRUST INTNL CENTER-ONE SE 3RD AVE  
 CITY-ST-ZIP: MIAMI FL 33131

TITLE: AS  Change  Addition  
 NAME: ROBERT B MACAULAY  
 STREET ADDRESS: 2200 Suntrust International Center- One SE 3rd Ave  
 CITY-ST-ZIP: Miami, FL 33131

TITLE: VD  
 NAME: ESQUIVEL, RODRIGO  Delete  
 STREET ADDRESS: 2200 SUNTRUST INTNL CENTER-ONE SE 3RD AVE  
 CITY-ST-ZIP: MIAMI FL 33131

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

TITLE: SD  
 NAME: ORLICH, RICARDO  Delete  
 STREET ADDRESS: 2200 SUNTRUST INTNL CENTER-ONE SE 3RD AVE  
 CITY-ST-ZIP: MIAMI FL 33131

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

TITLE: TD  
 NAME: AGUILAR, SERGIO  Delete  
 STREET ADDRESS: 2200 SUNTRUST INTNL CENTER-ONE SE 3RD AVE  
 CITY-ST-ZIP: MIAMI FL 33131

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

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

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

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

TITLE:  Change  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:

*Robert B. Macaulay*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

305-358-9200

Date

Daytime Phone #

CR2E034 (9/99)