

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042897

1. Entity Name

SPOLETO ENTERPRISES, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90022 021 ***150.00

Principal Place of Business

Mailing Address

501 BRICKELL KEY DR. SUITE 407
 MIAMI FL 33131

501 BRICKELL KEY DR. SUITE 407
 MIAMI FL 33131-2608

2. Principal Place of Business

3. Mailing Address

601 Brickell Key Drive
 Suite Apt. #, etc. 802

601 Brickell Key Drive
 Suite Apt. #, etc. 802



DO NOT WRITE IN THIS SPACE

City & State

City & State

Miami, FL

Miami, FL

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

33131 U.S.A.

33131 U.S.A.

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

VAZQUEZ, GERARDO A
 501 BRICKELL KEY DR, SUITE 407
 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	<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	
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"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth Benotto
STREET ADDRESS	601 Brickell Key Drive, Stc. 802
CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerardo A. Vazquez
STREET ADDRESS	601 Brickell Key Drive, Stc. 802
CITY-ST-ZIP	Miami, FL 33131
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	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00 (305) 371-8004
 Date Daytime Phone #

CR2E0319/99