

# 2002 UNIFORM BUSINESS REPORT (UBR)

05-14-2002 90081 001 \*\*\*600.00  
 FILED P99000044100

02 MAY 22 AM 10:20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P99000044100**

1. Entity Name  
**JUNTOS.COM (USA), INC.**

Principal Place of Business  
**2665 SOUTH BAYSHORE DRIVE SUITE 1100  
 COCONUT GROVE FL 33131**

Mailing Address  
**C/O AGI REGISTERED AGENTS, INC.  
 1200 BRICKELL AVE., STE. 800  
 MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. ICI Number **65-0918655**

Applied For  
 Not Applicable

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

**AGI REGISTERED AGENTS, INC.  
 1200 BRICKELL AVENUE, SUITE 800  
 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 fee if applicable

(NOTE: Registered Agent signatures required when missing)

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, 2002. Fee will be \$350.00  
 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 **D**  Delete  
 NAME **CISNEROS, ELLA**  
 STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE SUITE 1100**  
 CITY-ST-ZIP **COCONUT GROVE FL 33131**

TITLE **P**  Change  Addition  
 NAME **Cisneros, Ella**  
 STREET ADDRESS **2665 South Bayshore Drive, Suite 1100**  
 CITY-ST-ZIP **Coconut Grove, Fl. 33131**

TITLE **D**  Delete  
 NAME **URDANETA, JOSE IGNACIO**  
 STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE SUITE 1100**  
 CITY-ST-ZIP **COCONUT GROVE FL 33131**

TITLE **VP**  Change  Addition  
 NAME **Albi Marini, Guido**  
 STREET ADDRESS **2665 South Bayshore Drive Suite 1100**  
 CITY-ST-ZIP **Coconut Grove, Fl. 33131**

TITLE **C**  Delete  
 NAME **OLIVER, GUILLERMO A**  
 STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE SUITE 1100**  
 CITY-ST-ZIP **COCONUT GROVE FL 33131**

TITLE **P**  Change  Addition  
 NAME **Cisneros, Maria Ela**  
 STREET ADDRESS **2665 South Bayshore Drive Suite 1100**  
 CITY-ST-ZIP **Coconut Grove, Fl. 33131**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Change  Addition  
 NAME **Rodriguez, Evelyn**  
 STREET ADDRESS **2665 South Bayshore Drive, Suite 1100**  
 CITY-ST-ZIP **Coconut Grove, Fl. 33131**

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)(d), 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: Evelyn Rodriguez SECRETARY 5/01/02 205 8600116.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Usertype Photo P

CRP/RS/15/01