## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P99000059403** Feb 19, 2000 8:00 am 1. Entity Name Secretary of State PORTOBELLO, INC. 02-19-2000 90012 050 \*\*\*150.00 Principal Place of Business Mailing Address 3400 N.E. 192ND STREET. #1512 3400 N.E. 192ND STREET, #1512 **AVENTURA FL 33180-2458 AVENTURA FL 33180** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DINER, MANUEL Street Address (P.O. Box Number is Not Acceptable) 141 N.E. 3RD AVENUE SUITE 601 **MIAMI FL 33132** nits this statered for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity DATE agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE ARAZI, AMIR NAME 3400 N.E. 192ND STREET, #1512 STREET ADDRESS STREET ADDRESS CITY-ST-7IP **AVENTURA FL 33180** CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP - Change --- - Addition: Defete HILE HILL NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 secure this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with