

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S04906

1. Entity Name

TECNORAVIA INTERNATIONAL CORPORATION

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90114 010 \*\*\*150.00

Principal Place of Business 848 BRICKELL AVE. SUITE 950 MIAMI FL 33131 US	Mailing Address 848 BRICKELL AVENUE SUITE 950 MIAMI FL 33131-2976 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0221731	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DESENS, RALPH E  
 848 BRICKELL AVENUE SUITE 950  
 MIAMI FL 33131

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE	DP <input type="checkbox"/> Delete
NAME	FIDALGO, EDWARD M
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 950
CITY-ST-ZIP	MIAMI FL
TITLE	DV <input type="checkbox"/> Delete
NAME	CAMERO, OMAR GERARDO
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 950
CITY-ST-ZIP	MIAMI FL
TITLE	DV <input type="checkbox"/> Delete
NAME	CAMERO, MARTIN N.
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 950
CITY-ST-ZIP	MIAMI FL
TITLE	STD <input type="checkbox"/> Delete
NAME	CAMERO FIDALGO, LUISA
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 950
CITY-ST-ZIP	MIAMI FL
TITLE	DV <input type="checkbox"/> Delete
NAME	CAMERO, OMAR
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 950
CITY-ST-ZIP	MIAMI FL
TITLE	DV <input type="checkbox"/> Delete
NAME	DESENS, RALPH E.
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 950
CITY-ST-ZIP	MIAMI FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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

1-24-99 (305) 5790258  
 Date Daytime Phone #