

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90056 050 ***150.00

DOCUMENT # F94000005472

1. Entity Name

LANDSOR INVESTMENTS NV

Principal Place of Business

Alvarez, Rodriguez-Ecay & Co., P.A.
E.F. ALVAREZ & COMPANY, P.A.
782 N.W. 42 AVENUE, SUITE 545
MIAMI FL 33126

Mailing Address

C/O Alvarez, Rodri.
782 N.W. 42 AVENUE, SUITE 545
MIAMI FL 33126-5548

80030351



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

98-0053314

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

E.F. ALVAREZ & COMPANY, P.A.
782 N.W. 42 AVENUE, SUITE 545
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name
Alvarez, Rodriguez-Ecay & Company, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
782 N.W. 42 Avenue, Suite 545
 City
Miami FL Zip Code
33126

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 *by Emilio Alvarez Vice President* *Emilio Alvarez* *2/25/00*
 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CORPORATE AGENTS N.V.	
STREET ADDRESS	3 L.B. SMITHPLEIN	
CITY-ST-ZIP	CURACAO, NETHERLANDS ANTILLES	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANTONELLI ORESTES	
STREET ADDRESS	AV. PRINCIPAL STA. MARIA APTO 13B	
CITY-ST-ZIP	SEBUCAN CARACAS VENEZUELA	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE DUQUE, ROSA F	
STREET ADDRESS	AV. PRINCIPAL STA. MARIA APTO 13B	
CITY-ST-ZIP	SEBUCAN CARACAS VENEZUELA	
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		

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	Duque Fasenda, Luciano	
STREET ADDRESS	Callejon Los Fernandez	
CITY-ST-ZIP	Edificio Soho-Apt. 1-B	
	Sebucan-Caracas Venezuela	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	De Duque, Rosa Fasenda	
STREET ADDRESS	Callejon Los Fernandez	
CITY-ST-ZIP	Edificio Soho-Apt. 1-B	
	Sebucan, Caracas Venezuela	
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

Date

Daytime Phone #

2/25/00 *305-444-6503*

CR2E034 (9/99)