

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 651604

1. Entity Name

VENEZOLANA DE INVERSIONES, INC.

Principal Place of Business

1250 SW 27 AVE. STE 306
MIAMI FL 33135

Mailing Address

1250 SW 27 AVE. STE 306
MIAMI FL 33135-4749

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ROMERO, MARIA M.
1250 SW 27TH AVE. STE. 306
MIAMI FL FL 33135

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BARBOZA, JOSE RAMON JR	
STREET ADDRESS	CALLE 73 NO. 17-80	
CITY-ST-ZIP	MARACAIBO VENEZUELA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARBOZA, JOSE RAMON	
STREET ADDRESS	CALLE 73 NO. 17-80	
CITY-ST-ZIP	MARACIABO VENEZUELA	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAYDEE QUINTERO DE CRUZ	
STREET ADDRESS	AVE 2 EL MILAGRO EDIF. AGUA CHICA-#10A	
CITY-ST-ZIP	MARACAIBO VE	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIRNA QUINTERO DE VELASCO	
STREET ADDRESS	AVE 1B EDIF. DNA ANA	
CITY-ST-ZIP	MARACAIBO VE	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBOZA, Luisa	
STREET ADDRESS	Calle 73 No. 17-80	
CITY-ST-ZIP	MARACAIBO, 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		
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 another like empowered.

SIGNATURE:

Barboza, Jose Ramon Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1-26-00

Date

305-227-6294

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)