

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90191 026 \*\*\*150.00

**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**

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 **59-1956311**

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

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete  
 NAME **BARBOZA, LUISA**  
 STREET ADDRESS **CALLE 73 NO. 17-80**  
 CITY-ST-ZIP **MARACAIBO VENEZUELA**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **BARBOZA, JOSE RAMON, JR.**  
 STREET ADDRESS **Calle 73 No. 17-80**  
 CITY-ST-ZIP **MARACAIBO, VENEZUELA**

TITLE **TD** ☒ Delete  
 NAME **BARBOZA, JOSE RAMON**  
 STREET ADDRESS **CALLE 73 NO. 17-80**  
 CITY-ST-ZIP **MARACIABO VENEZUELA**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **BARBOZA, LUISA**  
 STREET ADDRESS **Calle 73 No. 17-80**  
 CITY-ST-ZIP **MARACAIBO, VENEZUELA**

TITLE **S** ☐ Delete  
 NAME **HAYDEE QUINTERO DE CRUZ**  
 STREET ADDRESS **AVE 2 EL MILAGRO EDIF. AGUA CHICA #10A**  
 CITY-ST-ZIP **MARACAIBO VE**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **MIRNA QUINTERO DE VELASCO**  
 STREET ADDRESS **AVE 1B EDIF. DNA ANA**  
 CITY-ST-ZIP **MARACAIBO VE**

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

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)(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

**01/23/01**

Date

**305-649-2233**

Daytime Phone #

CR2E034 (10/00)