

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718075

1. Entity Name

THE VIZCAYANS

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90068 024 ****61.25

Principal Place of Business

3251 S MIAMI AVENUE
 MIAMI FL 33129

Mailing Address

3251 S MIAMI AVENUE
 MIAMI FL 33129-2831

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0908711

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FARWELL, RICHARD
 3251 S. MIAMI AVE.
 MIAMI FL 33129

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	RSD	<input type="checkbox"/> Delete
NAME	GILBERT, EVELYN	
STREET ADDRESS	120 HARBOUR WAY	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MEYERSONH, MR WILLIAM	
STREET ADDRESS	7575 S.W. 47 COURT	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLUMBERG, MR MAX	
STREET ADDRESS	7215 WEST 20 AVE.	
CITY-ST-ZIP	HAIALEAH FL 33014	
TITLE	2VD	<input type="checkbox"/> Delete
NAME	SPOHRER, LYNN W	
STREET ADDRESS	4201 COLLINS AVE #1003	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RYNOR, MR. JEFFREY A	
STREET ADDRESS	ONE S.E. 3 AVENUE, #2200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	3VD	<input type="checkbox"/> Delete
NAME	SEPLER, MS. DIANE	
STREET ADDRESS	1581 BRICKELL AVE., T-204	
CITY-ST-ZIP	MIAMI FL 33129	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19 2000

Date

Daytime Phone #

CR2E037 (9/99)