

# 2001 UNIFORM BUSINESS REPORT (UBR)

0183513

**DOCUMENT # 846558**

1. Entity Name  
**SHOPPYLAND ENTERPRISES N.V., INC.**

**FILED**

**02 APR 29 PM 2:14**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

**2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145**

Mailing Address

**2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145**

2. Principal Place of Business

**2300 Coral Way**

3. Mailing Address

**2300 Coral Way**

Suite, Apt. #, etc.

**Suite # 200**

Suite, Apt. #, etc.

**Suite # 200**

City & State

**Miami, Florida**

City & State

**Miami, Florida**

Zip

**33145**

Country

**US**

Zip

**33145**

Country

**US**

4. FEI Number

**59-2087143**

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

**FLORIDA ANNUAL REPORT SERVICES, INC.  
2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145**

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

**AMADA CANTERA LOPEZ, President**

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 ☐ Delete  
NAME **PD VALDES, NICOLAS A**  
STREET ADDRESS **8050 N.W. 8 ST. APT 207**  
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Change ☐ Addition  
NAME **300005452133**  
STREET ADDRESS **-05/06/02--01019-026**  
CITY-ST-ZIP **\*\*\*\*150.00 \*\*\*\*150.00**

TITLE ☐ Delete  
NAME **VD VALDES, NICOLAS A**  
STREET ADDRESS **8050 N.W. 8 ST. APT 207**  
CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE ☐ Delete  
NAME **AS LOPEZ-CANTERA, AMADA**  
STREET ADDRESS **2300 CORAL WAY**  
CITY-ST-ZIP **MIAMI FL 33145**

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

TITLE ☐ Delete  
NAME **S LOPEZ-AGUIAR, CARLOS C**  
STREET ADDRESS **2300 CORAL WAY SUITE 100**  
CITY-ST-ZIP **MIAMI FL 33145**

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

TITLE ☐ Delete  
NAME **D ARUBA MANAGEMENT CO., NV**  
STREET ADDRESS **LLOYD G. SMITH BLVD. 66**  
CITY-ST-ZIP **ORANJESTAD, ARUBA, NA**

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

Date

Daytime Phone #

CR2E034 (10/00)