

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90166 007 \*\*\*158.75

0202696 AV

**DOCUMENT # 846558**

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



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2087143**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

**AMADA CANTERA LOPEZ, PRESIDENT**

**4-25-03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete  
NAME **VALDES, NICOLAS A**  
STREET ADDRESS **8240 NW 10TH STREET, UNIT F1**  
CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE **VD** ☒ Delete  
NAME **VALDES, NICOLAS A**  
STREET ADDRESS **8240 NW 10TH STREET, UNIT F1**  
CITY-ST-ZIP **MIAMI FL 33126**

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

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

TITLE **PSD** ☒ Change ☐ Addition  
NAME **LOPEZ-CANTERA, AMADA**  
STREET ADDRESS **2300 CORAL WAY**  
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **S** ☒ Delete  
NAME **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 **D** ☐ Delete  
NAME **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 **VP D** ☐ Change ☒ Addition  
NAME **ENRIQUE HUTTERLI**  
STREET ADDRESS **130 SW 26 ROAD**  
CITY-ST-ZIP **MIAMI, FLORIDA 33129**

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 607, 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:

*Amada Lopez-Cantera*

**4-23-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)