2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 853603

1. Entity Name
LYNBROOK N.V., INC.

FILED
01 JAN 23 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
717 Ponce de Leon Blvd. Suite 234 Coral Gables, FL 33134	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
same	6465 S.W. 130 Place
Suite, Apt. #, etc.	Suite, Apt. #, etc. #507
City & State	City & State Miami, FL 33183
Zip / Country	Zip / Country Miami-Dade

4. FEI Number 59-2100809 ☐ 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
Frank R. S. Fabre, Esq. 717 Ponce de Leon Blvd., Suite 234 Coral Gables, FL 33134	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE MD NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete Pearl Trust & Management Corp., N.V. Commanchestraat 16 Curaçao, Netherlands Antilles	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100003623531--4 -02/01/01--01108--012 *****80.60 *****00.60
TITLE MD NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete Llano, Juan Jose Caso Commanchestraat 16 Curacao, Netherlands Antilles	TITLE MD NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Caso Llano, Juan Jose Commanchestraat 16 Curacao, Netherlands Antilles
TITLE MD NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete Ruiz Noriega, Gumersindo Commanchestraat 16 Curacao, Netherlands Antilles	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100003623531--4 -02/01/01--01108--013 *****69.50 *****69.50
TITLE MD NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete Caso, Jose Ramon Commanchestraat 16 Curacao, Netherlands Antilles	TITLE MD NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Ruiz Caso, Jose Ramon Commanchestraat 16 Curacao, Netherlands Antilles
TITLE MD NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete Caso Lamero, Juan Jose Commanchestraat 16 Curacao, Netherlands Antilles	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition SP

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.

Juan Jose Caso Llano MD

SIGNATURE: _____ Juan Jose Caso Lamero MD 12/19/00 305 752-3232