

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000005120**1. Entity Name
2NEGOCIO, INC.**Principal Place of Business**

4801 S. UNIVERSITY DR., STE 267

DAVIE
33328

FL

Mailing Address

4801 S. UNIVERSITY DR., STE 267

DAVIE
33328

FL

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**51-0398525**

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 AgentOSUNA RAMON R
4801 S. UNIVERSITY DR., STE 267DAVIE
33328

FL

US

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 **RAMON R. OSUNA****03/28/2001**

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 D ☐ Delete
NAME APPADOO RAPH
STREET ADDRESS 1000 LANCASTER
CITY-ST-ZIP BALTIMORE MDTITLE D ☒ Change ☐ Addition
NAME OSUNA RAMON
STREET ADDRESS 1530 SW 159 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33027TITLE D ☐ Delete
NAME ACEDO GUILLERMO
STREET ADDRESS PASEO DE LOMAS ALTAS 311
CITY-ST-ZIP MEXICOTITLE D ☒ Change ☐ Addition
NAME OSUNA RAMON
STREET ADDRESS 1530 SW 159 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33027TITLE T ☐ Delete
NAME OSUNA RAMON
STREET ADDRESS 1530 SW 159 AVE
CITY-ST-ZIP PEMBROKE PINES FLTITLE T ☒ Change ☐ Addition
NAME OSUNA RAMON
STREET ADDRESS 1530 SW 159 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33027TITLE S ☐ Delete
NAME CORRALES OSCAR
STREET ADDRESS CAMINO DE LOS HALCONES
CITY-ST-ZIP MONTENEY, NLTITLE S ☒ Change ☐ Addition
NAME VELASCO JORGE
STREET ADDRESS 16212 SW 16 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029TITLE VD ☐ Delete
NAME VARGAS ARTURO
STREET ADDRESS RODRIGUEZ PENA 1464
CITY-ST-ZIP BUENOS AIRES, ARGENTINATITLE VD ☒ Change ☐ Addition
NAME VELASCO JORGE
STREET ADDRESS 16212 SW 16 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029TITLE PCD ☐ Delete
NAME VELASCO JORGE
STREET ADDRESS 16212 SW 16 STREET
CITY-ST-ZIP PEMBROKE PINES FLTITLE PCD ☒ Change ☐ Addition
NAME VELASCO JORGE
STREET ADDRESS 16212 SW 16 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029

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: Ramon R. Osuna

T

03/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)