2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State
03-04-2000 90056 050 ***150.00

DOCUMENT # F94000005472

1. Entity Name

LANDSOR INVESTMENTS NV

B0030351

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
Alvarez, Rodriguez-Ecay & Co., P.A. ~~E.F. ALVAREZ & COMPANY, P.A.~~ ~~N.W. 42 AVENUE. SUITE 545~~ FL 33126	C/O Alvarez, Rodri ~~C/O E.F. ALVAREZ & COMPANY, P.A.~~ 782 N.W. 42 AVENUE. SUITE 545 MIAMI FL 33126-5548

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 98-0053314 ☐ 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
E.F. ALVAREZ & COMPANY, P.A. 782 N.W. 42 AVENUE, SUITE 545 MIAMI FL 33126	Name: Alvarez, Rodriguez-Ecay & Company, P.A. Street Address (P.O. Box Number is Not Acceptable): 782 N.W. 42 Avenue, Suite 545 City: Miami **FL** Zip Code: 33126

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: by Emilio Alvarez Vice President Emilio Alvarez 2/25/00
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORPORATE AGENTS N.V. 3 L.B. SMITHPLEIN CURACAO, NETHERLANDS ANTILLE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~ANTONELLI, ORESTES~~ ~~AV. PRINCIPAL STA. MARIA APTO 13B~~ ~~SEBUCAN CARACAS VENEZUELA~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Duque Fasenda, Luciano Callejon Los Fernandez Edificio Soho-Apt. 1-B Sebucan-Caracas Venezuela ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~DE DUQUE, ROSA F~~ ~~AV. PRINCIPAL STA. MARIA APTO 13B~~ ~~SEBUCAN CARACAS VENEZUELA~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	De Duque, Rosa Fasenda Callejon Los Fernandez Edificio Soho-Apt. 1-B Sebucan, Caracas Venezuela ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: _____ 2/25/00 305-444-6503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #