

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90866 048 ***150.00

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DOCUMENT # F99000006024

1. Entity Name
DEREMATE.COM, INC.

Principal Place of Business
201 SOUTH BISCAYNE BLVD
28TH FLOOR
MIAMI FL 33131

Mailing Address
201 SOUTH BISCAYNE BLVD
28TH FLOOR
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0965915

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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, 2002 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 **PD** ☐ Delete
 NAME **OXENFORD, ALEJANDRO**
 STREET ADDRESS **201 SOUTH BISCAYNE BLVD 28TH FL**
 CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **D** ☐ Delete
 NAME **CAPRILES, ANDRES**
 STREET ADDRESS **701 BRICKELL KEY BLVD, 1803**
 CITY-ST-ZIP **MIAMI BEACH FL 33131**

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

TITLE **D** ☐ Delete
 NAME **MARIN, JOSE**
 STREET ADDRESS **201 SOUTH BISCAYNE BLVD 28TH FL**
 CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **D** ☐ Delete
 NAME **ZUBILLAGA, ALEJANDRO**
 STREET ADDRESS **9A TRANSVERSAL ENTRE 3RA Y 4TA AVDAS**
 CITY-ST-ZIP **CARACAS 1062 VENEZUELA**

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

TITLE **D** ☐ Delete
 NAME **FEDERICO, WEIL**
 STREET ADDRESS **EDIFICIO CREDICORP BANK PISO 12 CALLE 50**
 CITY-ST-ZIP **CIUDAD DE PANAMA, PANAMA**

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

TITLE **D** ☐ Delete
 NAME **CATANIA, BRUCE**
 STREET ADDRESS **399 PARK AVENUE, SEVENTH FLOOR ZONE 3**
 CITY-ST-ZIP **NEW YORK NY 10043**

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNESTO MENDIARAL

3/20/02 54 11 4893 1222

Date

Daytime Phone #

CR2E034 (9/01)