

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G00233

1. Entity Name

VENEVISION INTERNATIONAL, INC.

Principal Place of Business

550 BILTMORE WAY
STE 900
CORAL GABLES FL 33134

Mailing Address

550 BILTMORE WAY
STE 900
CORAL GABLES FL 33134-5779

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

59-2222593

Applied For

Not Applicable

5. Certificate of Status Desired

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\$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 S. 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 renewing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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10. Election Campaign Financing
Trust Fund Contribution.

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\$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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D RIVERA, ALEJANDRO	550 BILTMORE WAY, 9TH FLOOR	CORAL GABLES FL 33134		Director GARMENDIA, GENARO J.	550 Biltmore Way, Suite 900	Coral Gables, FL 33134
	PDT PEREZ, BENJAMIN F	550 BILTMORE WAY, 9TH FL	CORAL GABLES FL				
	COO VILLANUEVA, LUIS	550 BILTMORE WAY, 9TH FL	CORAL GABLES FL 33134				
	VP KEON, WILLIAM T III	550 BILTMORE WAY, 9TH FL	CORAL GABLES FL 33134				
	S HERNANDEZ, EDUARDO L	550 BILTMORE WAY, 9TH FL	CORAL GABLES FL 33134				

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eduardo L. Hernandez
Secretary

4/17/00

(305) 442-3405

Date

Daytime Phone #

APPROVED
AND
FILED

00 MAY 12 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE