

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G19584

1. Entity Name

CORVENCAS, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90102 002 ***150.00

Principal Place of Business

Mailing Address

1470 NW 107TH AVE. STE 1
MIAMI FL 33172-2734
US

1470 NW 107TH AVE. STE 1
MIAMI FL 33172-2734
US

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 **59-2262932**

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 Agent

7. Name and Address of New Registered Agent

BEHNGNO, JIMENEZ
1470 NW 107 AVE SUITE 1
STE 1
MIAMI FL 33172

Name **RAQUEL JIMENEZ**

Street Address (P.O. Box Number is Not Acceptable)
7530 SW 67 ST.

City **MIAMI** **FL** Zip Code **33143**

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

Raquel Jimenez **RAQUEL JIMENEZ**

1-25-2000

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

TITLE **P**
NAME **JIMENEZ, BENIGNO** ☒ Delete
STREET ADDRESS **7530 SW 67 ST**
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **Jimenez, RAQUEL** ☐ Change ☒ Addition
STREET ADDRESS **7530 SW 67 ST**
CITY-ST-ZIP **MIAMI, FL 33143-2828**

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

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

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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 like empowered.

SIGNATURE:

Raquel Jimenez **RAQUEL JIMENEZ**

Date

Daytime Phone #

1-25-2000 305/594-8515