

2001 UNIFORM BUSINESS REPORT (UBR)

0000997 AF

DOCUMENT # L00000009110
1. Entity Name
 VENTURELLO, L.L.C.

FILED
 01 APR 11 AM 8:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
 536 BILTMORE WAY 536 BILTMORE WAY
 CORAL GABLES FL 33134 CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 169 EAST FLAGLER ST 4451 FOXTAIL LN
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 SUITE
 City & State City & State
 MIAMI, FL WESTON, FL
 Zip Country Zip Country
 USA USA

4. FEI Number Applied For
 65-1028633 Not Applicable
5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~CUEVAS, ANDREW~~
 536 BILTMORE WAY
 CUEVAS & RUBIN, P.A.
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name: MIGUEL VENTURELLO
 Street Address (P.O. Box Number is Not Acceptable):
 4451 FOXTAIL LN
 City: WESTON FL Zip Code: 33331

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]* DATE: 4-6-2001
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 300004035529--0
 -04/20/01--01064--020
 *****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MANAGING MEMBER	MIGUEL VENTURELLO ARBELAEZ	4451 FOXTAIL LN	WESTON, FL, 33331		
MANAGING MEMBER	JUAN MIGUEL VENTURELLO MEJIA	4451 FOXTAIL LN	WESTON, FL, 33331		
MEMBER	IDA CRISTINA MEJIA DE VENTURELLO	4451 FOXTAIL LN	WESTON, FL, 33331		
MEMBER	MARIA ISABEL ROMERO	4451 FOXTAIL LN	WESTON, FL, 33331		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* Miguel Venturello A. Date: 01/21/2001 Daytime Phone #: 1 954 659 9150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)