

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L39575

1. Entity Name

GOVESAN AMERICA CORPORATION

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90001 014 \*\*\*150.00

Principal Place of Business

Mailing Address

2357 VENTURA DRIVE. #112  
WOODBURY MN 55125

2357 VENTURA DRIVE. #112  
WOODBURY MN 55125-3959

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

65-0161953

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

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement of its intent to change 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

3/26/00

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 ☐ Delete  
NAME **P**  
STREET ADDRESS **SAN MARTIN, LUCIO JR.**  
CITY-ST-ZIP **TORRES QUEVEDO 7-9, 28100 ALCOBENDAS**  
**MADRID, SPAIN**

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

TITLE ☐ Delete  
NAME **VTSS**  
STREET ADDRESS **RODRIGUEZ-MACEDA, L. MIGUEL**  
CITY-ST-ZIP **2357 VENTURA DRIVE, #112**  
**WOODBURY MD 55125**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 correct and that the 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 employed by the corporation as provided 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 an other like employment record.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-26-00 6517316330

CR2E034 (9/99)