

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 27 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/6

DOCUMENT # L95000000547
1. Entity Name
VENEFLOR, L.C.

Principal Place of Business Mailing Address
VENEFLOR, L.C.
15011 SW 43 TERRACE
MIAMI, FL 33185

2. Principal Place of Business 3. Mailing Address
15011 SW 43 TERRACE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI FL
Zip Country Zip Country
33185 DADC

4. FEI Number Applied For
65-0689478 Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
OTTOLINO, GIUSEPPE
15011 SW 43 TERRACE
MIAMI FL 33185

7. Name and Address of New Registered Agent
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 *X attf. G. OTTOLINO* DATE 3/22/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE	MGR MAN <input type="checkbox"/> Delete
NAME	OTTOLINO, GIUSEPPE
STREET ADDRESS	15011 SW 43 TERRACE
CITY-ST-ZIP	MIAMI FL 33185
TITLE	MEMBER <input type="checkbox"/> Delete
NAME	OTTOLINO, YADIRA
STREET ADDRESS	15011 SW 43 TERRACE
CITY-ST-ZIP	MIAMI FL 33185
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000003207570--7
STREET ADDRESS	-04/13/00--01085--012
CITY-ST-ZIP	*****50 00 *****50 00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *X attf. G. OTTOLINO* MANAGING MEMBER DATE 3/22/00 35 805596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)