

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 13 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L99000008656

1. Entity Name

REPRESENTACIONES VENETTO C.I., LLC

Principal Place of Business

Mailing Address

17011 N. Bay Rd, Apt 910  
Miami Beach, FL, 33160.

17011 N. Bay Rd, Apt. 910  
Miami Beach, FL, 33160.

2. Principal Place of Business

3. Mailing Address

Miami

17011 N. Bay Rd,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

910

910.

City & State

Miami FL

City & State

Miami FL

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEI Number

Applied For

☒ 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

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 Almeria Ave. Coral Gables  
FL, 33134.

Name SPIEGEL & UTRERA.

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

City Coral Gables

FL

Zip Code

33134.

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 reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME President.  
STREET ADDRESS Korin J. CASTRO  
CITY-ST-ZIP 17011 N. BAY RD. APT 910  
MIAMI, FL, 33160

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

TITLE ☐ Delete  
NAME VICE-PRESIDENT  
STREET ADDRESS RICARDO CASTRO  
CITY-ST-ZIP 17011 N. BAY RD. APT. 910  
MIAMI, FL, 33160.

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

TITLE ☐ Delete  
NAME SECRETARY  
STREET ADDRESS MARTHA GOMEZ DE CASTRO  
CITY-ST-ZIP 17011 N. BAY RD. APT. 910  
MIAMI, FL, 33160.

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

04/10/00

Date

(305) 8886727.

Daytime Phone #

CR2E083 (1/199)