

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007518

1. Entity Name

BIV MIAMI/SOLIDARIDAD CON VENEZUELA, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90168 015 ****70.00

Principal Place of Business 1101 BRICKELL AVENUE SUITE 900 SOUTH MIAMI FL 33131	Mailing Address 1101 BRICKELL AVENUE SUITE 900 SOUTH MIAMI FL 33131
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0969694	Applied For Not Applicable
Zip 33131-3150	Country	Zip 33131-3150	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FERRER, ILDEFONSO 1101 BRICKELL AVENUE SUITE 900 SOUTH MIAMI FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 33131-3150	
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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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAZ, FERNANDO A 1101 BRICKELL AVENUE SUITE 900 SOUTH MIAMI FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMBOA, JORGE 1101 BRICKELL AVENUE SUITE 900 SOUTH MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRER, ILDEFONSO 1101 BRICKELL AVENUE SUITE 900 SOUTH MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FERRER, ILDEFONSO 1101 BRICKELL AVENUE, SUITE 900 SOUTH MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LACASA, ARMANDO 1101 BRICKELL AVENUE, SUITE 900 SOUTH MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LACASA, EDUARDO 1101 BRICKELL AVENUE, SUITE 900 SOUTH MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER MCMURRAY, THOMAS R. 1101 BRICKELL AVENUE, SUITE 900 SOUTH MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____ DAYTIME PHONE # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 04/26/00 (305) 374-5060

CR2E037 (9/99)