8/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State
08-07-2001 90009 022 ***150.00
09-18-2001 90001 009 ***400.00

979292

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000015889

1. Entity Name
VENCOFIN, CORP.

Principal Place of Business	Mailing Address
C/O LAW OFFICES OF ELIZABETH C PINES-CONTE 3301 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES FL 33134	C/O LAW OFFICES OF ELIZABETH C PINES-CONTE 3301 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES FL 33134

2. Principal Place of Business	3. Mailing Address
16850 Collins Av.	
Suite, Apt. #, etc.: # - 113-C	Suite, Apt. #, etc.
City & State: Sunny Isles Beach FL	City & State
Zip: 33160 Country: USA	Zip / Country

4. FEI Number: 65-0982088 ☐ 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
PINES-CONTE, ELIZABETH C ESQ. 3301 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES FL 33134	Name: Elizabeth C Pines, Esq. Street Address (P.O. Box Number Is Not Acceptable): 3301 Ponce de Leon Blvd Suite 200 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] DATE: 7/31/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $550.00
After September 12, 2001 Fee will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD BRIK, RAUL C/O 3301 PONCE DE LEON BLVD. #200 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BENZAZON, YANNICK C/O 3301 PONCE DE LEON BLVD. #200 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/01)

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

SIGNATURE: [signature] BENZAZON Yannick — 8/1/2001 — 305-2054551 / 305-9449866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #