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
C/O LAW OFFICES OF ELIZABETH C PINES-CONTE
3301 PONCE DE LEON BLVD. SUITE 200
CORAL GABLES FL 33134

Mailing Address
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: 16850 Collins Av.
Suite, Apt. #, etc.: # - 113 - C
City & State: Sunny Isles Beach FL
Zip: 33160
Country: USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
PINES-CONTE, ELIZABETH C ESQ.
3301 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
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] 7/31/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	PSD ☐ Delete
NAME	BRIK, RAUL
STREET ADDRESS	C/O 3301 PONCE DE LEON BLVD. #200
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	VD ☐ Delete
NAME	BENZAZON, YANNICK
STREET ADDRESS	C/O 3301 PONCE DE LEON BLVD. #200
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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