2001 UNIFORM BUSINESS REPORT (UBR)						FILED				
DOCUMENT # P0000064621 1. Entity Name VENE-CARS, CORP.						May 01, 2001 08:00 AM Secretary of State				
Principal Place 2380 sw 26 str		Mailing Address 2380 SW 26 STREET								
MIAMI 33133	FL	MIAMI 33133		FL						
2. Principal P	3. Mailing Address 2315 NW 7TH AVE							•		
Suite, Apt.		Suite, Apt. #, etc.				DO N	OT WRITE IN THI	S SPACE		
City & State	FL	City & State MIAMI	·	FL	I .	FEI Number 5-1022335		——————————————————————————————————————	pplied For at Applicable	
Zip 33127	Country us	Zip 33127	Count us	ry	5. (Certificate of Status D	esired	\$8.75 Add		
	6. Name and Address of Current F	egistered Agent	-	·	7. 1	Name and Address o	f New Registere			1
MAZZA-MARTINEZ TANIA A				Name ORELLA	.NA DA	ANIEL D				
782 NW 42 A	AVE STE 638			Street Ac		ox Number is Not Ac	ceptable)			
33126	US	,	-	City MIAMI			F	Zip Cod 33127	<u> </u>	
8. The above	named entity submits_this statement for	the purpose of changing its r	egistere		registered ag	ent, or both, in the Sta	ate of Florida.	3312/		1
SIGNATURE .	DANIEL D ORELLAN Signature, typed or printed name of registered agent ar		Registered		re required when re	niontalina)	- 05/0	1/2001	<u></u>	
9 This corns	oration is eligible to satisfy its Intangible	7.5.54.50	 		 	en stating j		· 		-
Tax filing r	equirement and elects to do so. ia on back)	After MAY 1, 200 Make Check Payabl	1 Fee	vill be \$5	50.00	10. Election Camp Trust Fund Co			0 May Be i to Fees	
11.	OFFICERS AND [12.		AD	DITIONS/CHANGES	TO OFFICERS A	ND DIRECTOR	S IN 11	
NAME STREET ADDRESS	VS NOVOA LUIS D 2380 SW 26 STREET	∑ Delete		T ADDRESS				☐ Change	Addition	:034 (11/00)
CITY-ST-ZIP	MIAMI	FL 33133	1-	ST-ZIP				·		
TITLE NAME STREET ADDRESS	PS ORELLANA DANIEL 2380 SW 26 STREET	☐ Delefe	NAME STREE		PS ORELLANA 2315 NW 7		D	X Change	☐ Addition	CR2
CITY-ST-ZIP	MIAMI	FL 33133	CITY-	ST-ZIP	MIAMI		FL	33127		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP				Change	☐ Addition	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			<u> * -</u>			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP				☐ Change	Addition	
of the cor	sertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	vered to execute this report a								
SIGNAT		A INTED NAME OF SIGNING OFFICER O	R DIRECTO	OR .	P	PS 05/01/2	001	Daytime Phone #		